

**A COMPARATIVE STUDY OF THE PERSONALITY
PATTERN OF PERSON SUFFERING FROM
PSYCHOSOMATIC AND FUNCTIONAL
DISORDERS**

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Doctor of Philosophy in Psychology

From
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Certified that the thesis entitled "**A COMPARATIVE STUDY OF THE PERSONALITY PATTERN OF PERSON SUFFERING FROM PSYCHOSOMATIC AND FUNCTIONAL DISORDERS**" by Km Upasana Pandey, embodies the work carried out by him, under my supervision and that this work has not been submitted elsewhere for a degree of Ph.D.. Km Upasana Pandey has put in more than 200 days of attendance during this work.


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Dedicated

In my respectable Parents

Smt. Pushpa Pandey and

Shri Shiv Balak Pandey

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Chapter 1

INTRODUCTION

The seventeenth century has been called the age of Enlightenment, the eighteenth, the Age of Reason; the nineteenth, the Age of Progress, and the twentieth, the Age of Anxiety. With the conquest of many of the physical ills which have afflicted him throughout the history, man has come increasingly aware of the role of psychological factors in human existence.

Modern man's path to happiness is not an easy one. It is beset by seemingly endless personal and social problems. On every side we see anxious, unhappy, bewildered people who are missing the fulfilment of their best potential because they can not achieve a satisfactory adjustment to problems that seem just to great. Instead of smooth, and effective, functioning, we see widespread symptoms of personality maladjustment.

According to Gordon Claridge (1973), The beginning of psychosomatic problems came into existence in the middle of nineteenth century. Charles (1899), in his research regarding the psychosomatic problems, explained in detail, how the factor of emotion is liable to body disorders including cancer. Cannon (1920), also explained that, emotional condition, how disorders the physiological functions of the body and found that there is a great and deep relationship between emotion and autonomic nervous system.

In psychosomatic disorders, the psychological and physiological variables are so intermixed that it is difficult to separate them. In psychosomatic disorders, the usual channels of emotional outlet are largely blocked; the tension is discharged through visceral organs. Typically this process takes place on an unconscious level; the anxiety or any other emotion associated with the stress situation is partly or completely cut off from conscious experiences by the defence mechanism of depression. In essence, emotional tension are "Short-circuited" through the autonomic system and discharged through visceral organs. Because these disorders represent a failure to adapt to stress, they are often referred to as 'disease of adaptation'.

More recent researchers suggest, that mind and body are infact a unity and that any physical disorder may be effected by psychological stress. Such disorders usually effect organs innervated by the autonomic nervous system, such as those of the respiratory, cardiovascular, gastrointestinal and endocrine systems.

BODY-MIND RELATIONSHIP :

What is the relationship between the mind and the body? Philosophers and scientists have been debating this question the so-called mind-body problem-for centuries, Logically, it seems that mind and body are the same thing or, at most, two aspects of the same thing. "Mind", after all, is simply an abstract term for the working of the brain. And the brain is not only part of the body but is directly connected by nerves to all

other parts of the body. Therefore "whatever is going on mentally" inside a person is also going on physically, and vice versa. (Schwartz,1978)

In recent years researchers have presented evidence of organic factors in schizophrenia and depression. There is also new evidence of psychological influence over organic processes. In the sixties it was discovered that physiological functions such of blood pressure and heart rate, which were once considered completely involuntary, could be controlled voluntarily. If the mind could affect the beating of the heart or the constriction and dilation of blood vessels, why could it not also affect such processes as the growth of cancer cells or the progress of an infection? In fact, psychological factors do play a role in cancer, infections, and many other illnesses traditionally regarded as purely organic. Psychosomatic connotes quite well the principal feature of these disorders, that the psyche or mind is having an untoward effect on the soma or body. The structure of both these terms, implies that mind and body are separate and independent, although they may, at times, influence each other. Thus "all functioning and all diseases are both mental and physical, because both mental and physiological processes are going on continuously", (Sternbach, 1966). Instead of speaking of the emotions as causing body dysfunctions, it can be said that psyche and soma as one and the same. (Graham 1967). Psychological and physical explanations of disease are only two alternative ways of describing the same events.

First, a psychosomatic disorders are real disease involving

damage to the body. Such disorders are viewed as being caused by emotional factors, does not make the affliction-imaginary.

Second, psychosomatic disorders should be distinguished from conversion disorders; conversion disorders do not involve actual organic damage to the body, and they are generally considered to affect function of the voluntary musculature nature. In contrast, in psychosomatic disorders, bodily tissues are damaged.

Psychosomatic disorders as such do not appear in DSM-IIIR as they did in earlier versions of the D.S.M.. Because virtually all physical diseases are now viewed as potentially related to psychological stress, a psychosomatic disorders category would become a complete listing of all diseases. Therefore, in DSM-IIIR classification system the psychosomatic disorder has been listed by a single broad category of "psychological factors affecting physical conditions". Thus kept apart for continues mind and body are now being considered as one.

CLASSIFICATION OF PSYCHOSOMATIC DISORDERS :

Psychosomatic disorders are classified according to the organ system affected, the ten groups and some of the specific disorders are as follows :-

- 1- Psychophysiologic skin disorders-neuroderm atosis, atopic dermatitis, eczema, and some cases of ache and hives.
- 2- Psychophysiologic musculo-skeletal disorders-backaches, muscle cramps, tension headaches, and some cases of

arthritis.

- 3- Psychophysiologic respiratory disorders bronchial asthma, hyperventilation syndromes, hiccoughs, and recurring, bronchitis.
- 4- Psychophysiologic cardiovascular disorders-hypertension, paroxysmal tachycardia, vascular spasms, heart attacks, and migraine headaches.
- 5- Psychophysiological hemic and lymphatic disorders-disturbances in the blood and lymphatic systems.
- 6- Psychophysiologic gastrointestinal disorders-peptic ulcers, chronic gastritis, and mucous colitis.
- 7- Psychophysiologic genitourinary disorders-disturbances in menstruation and urination.
- 8- Psychophysiologic endocrine disorders-hyperthyroidism, obesity, and other endocrine disorders in which emotional factors play a causative role.
- 9- Psychophysiologic disorders of organs of special sense chronic conjunctivitis. (Conversion reactions are excluded)
- 10- Psychophysiologic disorders of other types-disturbances in the nervous system in which emotional factors play a significant role, such as multiple sclerosis.

From the foregoing, it is apparent that psychosomatic disorders cover a wide range of disturbances in which life stress plays a causal role, even heart attacks and a number of other disorders formerly assumed to be strictly physical in origin have recently been

added to the category of psychosomatic disorders.

GENERAL CAUSES OF PSYCHOSOMATIC DISORDERS :

Here the researcher will discuss both with the general causes of psychosomatic disorders and with the problem of organ specificity-of why, under stress, one individual develops bronchial spasms, another hypertension, and still another migraine headaches.

In general, the development of psychosomatic disorders appears to involve the following sequence of events :

- (i) The arousal of negative emotions in response to stress situations- the degree of arousal depending not only on the nature of the stress situation, but also on the individual's perception of the situation and his stress tolerance;
- (ii) The failure of these emotions to be dealt with adequately either through appropriate expression or through a changed frame of reference or improved competence-with the result that the emotional arousal continues on a chronic basis; and.
- (iii) Response stereotype the damaging effects of chronic arousal becoming concentrated in a specific organ system. In the discussion that follows, It shall be concerned with the possible significance of particular biological, psychosocial, and socio-cultural variables in contributing to this chain of events.

Somatic Weakness :

In view of the differences in our genetic endowments and physiological histories-diet, illness, accident, and so on-it is unlikely that any two human beings have an equivalent set of organ system. According to the theory of somatic weakness, a psychophysiological complaint is most likely to develop in a person's weakest or most vulnerable organ system.

Factors as diverse as heredity, illness, or prior trauma may produce somatic weakness in a particular organ system, making it more vulnerable to stress than others. The person who has inherited or developed a "weak" stomach presumably will be prone to gastrointestinal upsets during anger or anxiety. The person who has had a respiratory infection may have especially vulnerable lungs or nasal passages. And emotinal stress may bring on attacks of bronchitis or asthma such respiratory infections have in fact been found in the prior histories of most asthmatic patients (Rees, 1964; Bulatov, 1963).

Presumably, the weakest link in the chain of visceral organs will be the organ affected. Conditioning may play a key role in determining which organ system is involved.

Psychosocial Factors of Psychosomatic Disorders :

The role of psychosocial factors in psychosomatic disorders is still not altogether clear. Factors that have been emphasized include personality characteristics, including failure to learn adequate coping patterns, kinds of stress, interpersonal relationships, and learning in the autonomic nervous system.

The work of Flanders Dunbar (1943, 1954) and a number of other investigatory to identify specific personality factors associated with particular psychosomatic disorders, for example, rigidity, high sensitivity to threat, and proneness to chronic underlying hostility among those who suffer from hypertension. If it were possible to delineate ulcertypes, hypertensive characters, accident-prone personalities, and so on, such findings would, of course, be of great value in understanding, assessing, and treating psychosomatic disorders and-perhaps even in preventing them.

Sociocultural Factors of Psychosomatic Disorders :

The incidence of specific disorders, both physical and mental varies in different societies, in different strata of the same society, and over time, as we have seen. In general, psychosomatic disorders, including ulcers, hypertension, rheumatoid arthritis, tension headaches, and asthma, occur among all major groups from Africans to Australians from Japanese to Russians, and from Americans to Chinese.

On the other hand, such disorders appear to be extremely rare among primitive societies, because their moral values make

such behavior unacceptable, And of course, faulty value assumptions such as the belief that the world owes us a living, they may lead to unnecessary frustrations as well as other types of stress.

Stress and Psychosomatic Disorders :

The Concept of Stress : In 1936, Hans-selye introduced the general adaptation syndrome (GAS), a model used to describe the biological reaction to sustained and unrelenting physical stress. There are three phases of the model. During the first phase, the alarm reaction, the autonomic nervous system is activated to resist the stress. If the stress is too powerful, gastrointestinal ulcers form, the adrenal glands become enlarged, and there is atrophy of the thymus. During the second phase, resistance, the organism adapts to the stress through available coping mechanisms. If the stressor persists or the organism is unable to respond effectively, the third phase, a stage of exhaustion, follows and the organism dies or suffers irreversible damage (Selye, 1950).

Kinds of Stress : Alexander (1950), hypothesized that each type of psychosomatic disorder could be associated with a particular kind of stress. He concluded that peptic ulcers, for example, are typically associated with frustration of the needs for love and protection. Presumably, the frustration of these needs would give rise to such emotions as anxiety and anger, and these emotions, in turn, would trigger excessive secretions of stomach acid-leading eventually to peptic ulcers. Subsequent research, however,

has failed to demonstrate a consistent relationship between particular disorders and particular types of stress. Rather it would appear that a wide range of stress situations can lead to a given type of disorder,- and conversely, that a wide range of disorders can result from a given type of stress. In a sample of 192 men between that ages of 30 and 60, Payne (1975) found that longstanding physical and psychological health problem were related to higher life-change values.

Often it appears that severe stress, regardless of the kind, serves to pave the way for, precipitate, or aggravate a physical disorder in a person already predisposed to the disorder (G.W.Brown, 1972). The individual who is allergic to a particular protein may have his resistance further lowered by emotional tension; similarly, where an invading virus has already entered the body-as is thought to be the case in multiple sclerosis-emotional stress may interfere with the body's normal defensive forces or immunological system. In like manner, stress may tend to aggravate and maintain certain specific disorders, such as rheumatoid arthritis (Astor,1973); Robinson, et. al., 1972. As another pioneer in psychosomatic disorders, Day (1951) once pointed out, "To develop chronic active pulmonary tuberculosis a person needs some bacilli, some moderately inflammable lungs, and some internal or external factor which lowers the resistance to the disease. "He noted further that unhappiness was among the stress factors that could lower resistance.

Here it can see the potential role of stress in the

development of physical disorders, including those labeled, "psychosomatic" as well as many that are not.

Control of one's emotions means either a prevention of their occurrence or a curbing of their expression. Restrictions placed upon the child in his social groups usually teach him to reduce the outward signs of emotion, but they do not also prevent inward, organic effects. Prevention of emotional reactions in the adult depend largely upon controlling emotion-arousing situations or the interpretation of those situations. It also depends upon better preparation for meeting situations and finding substitute outlets, such as laughter.

Conflict : In many instances stress results from the necessity of choosing between two needs or goals. Usually the choice of one alternative means frustration with regard to the other. An early marriage may mean forgoing or shortening one's college education, choosing one job may mean turning down another that seems equally desirable.

Although we are dealing with frustration and conflict as if they were distinct sources of stress, this differentiation is largely for convenience, the key element in conflict is often the frustration that arises when we must choose one alternative and give up the other. In addition, however, the necessity of making a choice commonly involve "cognitive strain" It is often difficult "to make up one's mind", especially when each alternative offers values that the other does not, and the choice is

an important one.

Conflicts with which everyone has to cope may be conveniently classified as approach-avoidance, double-approach, and double-avoidance types.

PSYCHONEUROTIC DISORDERS :

In psychoneurotic disorders we will find pathological development trends within the personality of the individual which lead to misvaluations of environmental problems, to severe conflicts, and to inefficient personal and social adjustments. Almost invariably these pathological trends show a long developmental history, usually beginning in faulty parent-child relations that have led to immature and distorted attitudes towards the self and toward the surrounding world. The essential sequence in the development of the psychoneurotic disorders is typically :

- (i) Faulty personality development-immaturities, distortions-
resulting in specific weaknesses in personality structure,
- (ii) Evaluation of certain common life stresses as terribly
dangerous and threatening,
- (iii) Arousal of severe anxiety,
- (iv) Development of neurotic defensive patterns to cope
with the threats and anxiety, and finally,
- (v) Vicious circles with lowered efficiency and a myriad
of secondary symptoms such as chronic fatigue and
dissatisfaction.

Neurotics manifest a wide range of psychological and

somatic symptoms. On a psychological level these include anxiety, apprehension, phobias, obsessions, compulsions, and other symptoms which we shall shortly describe. Here it may be pointed out that neurotic defensive maneuvers like phobias and compulsions are also symptoms.

Somatic symptoms include tension, fatigue, indigestion, increased frequency of micturition, muscular twitchings, excessive sweating, heart palpitations, tension headaches, choking sensations, and an assortment of vague aches and pains. Medical examination ordinarily reveals no organic basis for these complaints, but the neurotic often interprets them as evidence of organic pathology and focuses a good deal of hypochondrial concern on them. Perhaps the most common of these symptoms is fatigue.

Neuroses are the result of a complex interaction of personality and stress factors, and the specific determinants and expressions of neurotic reactions are somewhat different for each individual.

In addition, it may be borne in mind that most of us evidence some neurotic symptoms in coping with the stresses of modern civilization and that none of us can escape times of anxiety and unhappiness. As Cattell and Scheier (1961) have pointed out: "a neurotic is only a person with an excess of the external and internal difficulties and inadequacies from which everyone suffers in some degree". (P.392). He chronically overreacts to life stresses and resorts to exaggerated defensive measures which are ineffective in coping with his problems.

FUNCTIONAL PSYCHOSES :

In psychotic disorders, the patient manifests a severe personality decompensation with a marked distortion and loss of contact with reality. He is unable to relate himself effectively to other people or to his work and usually has to be hospitalized. Thus, in general, the psychoses are much more severe and disabling than are the psychoneuroses although it may be re-emphasized that there is no sharp dividing line between them: the neuroses blend imperceptibly into the psychoses with increasing degree of personality disorganization or decompensation.

Classification and Symptoms of Psychoses :

Psychotic symptoms may originate from either psychological stresses or organic brain pathology or from the interaction of both. For this reason psychotic disorders are divided into two general categories-functional and organic psychoses-depending on whether or not there is some demonstrable associated brain pathology. The functional psychoses in turn divided into four main groupings or types:

1. Schizophrenic reactions, a group of psychotic disorders in which there is a strong tendency to retreat from reality, with emotional "blunting" and disharmony and marked disturbances in thought processes. Delusions, hallucinations, and stereotypes are common.
2. Paranoid reactions, in which the patient-
 - (a) Has delusions, usually of persecution and/or grandeur,

but maintains in other respects a relatively intact personality structure, or

(b) Manifests a transient paranoid state with delusions and hallucinations but without the more severe deterioration of paranoid schizophrenics.

3. Affective reactions, involving extreme fluctuations in mood, with related disturbances in thought and behaviour. There are two major subgroups here manic depressive reactions and psychotic depressive reactions.
4. Involutional psychotic reactions, denoting, abnormal depression, agitation, and anxiety during the involutional period without previous history of psychosis.

In psychotic reactions there is a lowering of adaptive controls, which leads to thoughts, feelings, and actions that have not been characteristic of the individual's behaviour. Thus he may become assaultive, ignore personal hygiene, make immoral advances, or become convinced that he has committed unpardonable sins. Although obsessive-compulsive, phobic, and other neurotic patterns are often present in these reactions, psychosomatic reactions, such as peptic ulcers, are relatively rare.

Here it is of interest to note that according to Scheier (1962) psychotics in general are slightly above average in free anxiety (60th percentile) -as contrasted with psychosomatic cases, who have an average level of free anxiety (50th percentile), and neurotics, who have a high level 85th percentile)

PERSONALITY THE CONCEPT :

The term 'personality' is not easily defined. In fact, its precise meaning varies considerably from theory to theory. After a thorough review of the many different notions of personality offered by theologians, philosophers, poets, sociologists, and psychologists Allport concluded that an adequate synthesis of existing definitions might be expressed in the phrase, "What a man really is". "Allport again asserted that" personality is something and does something it is what lies behind specific acts and within the individual. In Allport's system, personality is alive, well and functioning. What is the nature of this something, Allport answered by offering a precise definition of personality.

"Personality is the dynamic organization within the individual of those psychophysical system that determine his unique adjustment to his environment", (1937,P.48).

Certain aspects of this definition merits, special emphasis.

The phrase:-

- 1- **Dynamic Organization** emphasizes the fact that personality is constantly developing and changing, although at the same time there is an organization or system that binds together and relates the various components of personality.
- 2- **Psychophysical** reminds that the personality is neither exclusively mental or exclusively neural.
- 3- **The Organization** entails the operation of both body and mind, inextricably fused into a personality unity.

- 4- **Determine** makes clear that personality is made up of determining tendencies that play an active role in the individual's behaviour.

In 1969, Allport slightly modified this definition. He included the term "character behaviour and thought" in place of 'unique adjustment to his environment'. The phrase behaviour and thought is a blanket designed to cover everything the person does. Allport believed that personality may express itself in some ways in virtually observable human actions.

Generally, the term personality and character have often been used interchangeably. Allport shows that traditionally the word character has implied some code of behaviour in terms of which individuals or their acts are appraised. Thus, in describing an individual's character the word 'good' or 'bad' is often employed. In this way character is an ethical concept and "character may define as personality evaluated, personality as character devaluated".

Thus personality is not merely a construct of the observer, nor is it something that exists only when there is another person to react to it. Far from this, personality has a real existence involving neural or physiological concomitants.

Personality type- A & B :

A accurate theme in the study of stress-related physical disorders has tried to link specific disorders with specific personality type-A, psychodynamic approach or specific attitude towards life.

A few decades ago many investigators felt that, is there any migraine, hypertensive or ulcer "Personality"? a Dunbar (1935) found on the basis of interviews with patients that eczema sufferers were self-punitive, frustrated, helpless and hungry for affection; they were the children of conscientious but emotionally distant parents. Migraine patient were hardworking, conscientious, perfectionistic and committed to a variety of "good causes".

Search for traits and attitudes that might predispose people towards specific disorders continues. Person suffering from hypertension along with cardiovascular disorders, tends to strike a specific kind of personality, Friedman and Rosenman (1974) called them **type-A**.

The **type-A** individual has an intensive and competitive drive for achievement and advancement; an exaggerated sense of urgency of passing time, of need to hurry; and considerable aggressiveness and hostility towards others. Type-A persons are overcommitted to their work, often attempt to carry on two activities at once and believe that to get something done well, they must do it themselves. they cannot abide waiting in lines and they play every game to win, even when their opponent are children they are impatient and hostile. Fast thinking, fast talking and abrupt in gesture, they often giggle their knees, tap their fingers, and blink rapidly, too busy to notice their surroundings or to be interested in things of beauty, they tabulate success in life in numbers of articles written, projects under way, and material goods acquired. The **type-B** individuals, on the other hand, is less, driven

and relatively free of such pressures. Type-A and B individuals have been reliably identified by means of structured interview (Rosenman et. al. 1964), in which questions are asked about the intensity of ambitions, competitiveness, the urgency of deadlines, and hostility.

STATEMENT OF THE PROBLEM :

Psychosomatic disease is real disease involving damage to body. These disorders should be distinguished from conversion disorders. conversion disorders do not involve actual organic damage to body and they are generally considered to affect functions of the voluntary musculature. In contrast, in psychosomatic disorders body tissues are damaged.

Because psychosomatic disorders represent true physical defunctions, medications are usually called for. The general aim of psychotherapies for these disorders is to reduce anxiety. Behavioural medicine, a new field of specialization in behaviour therapy tries to find psychological interventions that can improve the patient's physiological state.

The psychosomatic symptoms and disorders are quite common in industrialised societies. In our modern civilization, psychosomatic disorders have become a major health problem. At least one out of every two patients seeking medical aid, is suffering from illness related to emotional stresses. Although psychosomatic disorders are not frequent during the periods of young and middle adulthood, they may occur any period from early

childhood to old age (Erfmann,1962).

In the light of above statement the title of the present investigation may be as follows : "A comparative study of the personality pattern of person suffering from psychosomatic and functional disorders."

Psychosomatic person and person having functional disorders have a typical type of personality pattern. In the present investigation an attempt is made to study the personality pattern of the person suffering from psychosomatic diseases or functional disorders to findout if there is any specific pattern of their personality and to study whether these two groups differ in thier personality characteristics, from each other. In addition to these two groups a sample of normal person has also been workedout as a second group (control) having illness and compared with other groups, in order to find out the effect of somatic problems on the mental life and, personality pattern of the individual concerned.

NEED OF THE STUDY :

In over modern civilization, psychosomatic disorders have ~~been~~ become a major health problem. At least one out of every two patients seeking medical aid is suffering from an illness related to emotional stresses. psychosomatic disorders are not frequent during the periods of young and middle adulthood, they may occur in any period from early childhood to old age (Erfmann,1962). Infact, Dunbar (1943) has concluded that it is

often "more important to know what kind of patient has the disease than what kind of disease the patient has sociocultural and political conditions alongwith economic recessions remarkably increase the stressfulness of living tend to play havoc with the human organism and lead to the increased incidence of psychosomatic disorders as well as other physical and mental ills. (Montago,1961).

The present study will help in understanding personality pattern of the psychosomatic person and person suffering from functional disorders. It will through light on different type of personality pattern of both the groups i.e. male and female. the findings of the study will reveal that which type personality traits are responsible for psychosomatic and functional problems. Then we can try to present these disorders with the help of psychological measures. In addition to this, psychosomatic problems came out to be a case of summation of allergic and emotional stress. In brief, the result of the present study may provide the knowledge which may be valuable for prediction, prevention, diagnosis, treatment and management of such cases.

AIMS AND OBJECTIVES :

Following are the major objectives of the present investigation-

- (i) Person with somatic illness, Psychosomatic diseased person and person with functional disorders problem differ with normal person in their personality pattern.
- (ii) Both the groups i.e. psychosomatic diseased and functional

disorders differ from person who suffer with somatic illness.

- (iii) Personality pattern of psychosomatic diseased person differ from the person having functional disorders problems.

HYPOTHESIS :

On the basis of above mentioned objectives the following hypothesis will be formulated for examination.

- (i) Person suffering from somatic illness are likely to be different in their personality make up with that of normal person.
- (ii) Psychosomatic diseased person are likely to have different personality than the normal person.
- (iii) Person suffering from functional disorders are likely to differ in their personality structure than the normal person.
- (iv) Psychosomatic disease person are likely to be different in their personality structure than the person suffering from somatic illness.
- (v) Person suffering from functional disorders are likely to differ from the person suffering from somatic illness.
- (vi) Psychosomatic disease person are likely to be different in their personality structure than the person suffering from functional disorders.

LIMITATIONS :

The present study will be confined to the person of average socio-economic status with age group of 25 to 35 years. The population of the present study will be comprised equal number of male and female person.

Chapter 2

REVIEW OF RELATED LITERATURE

The Individuals problem of adjustment with another person within the family and without, his or her capability, intellectual and other wise, and its impairment, to cope with the demands of life and society, emotional disturbances-anxiety, phobia, neurosis, psychosis, psycho-sexual difficulties, alcoholism, gambling, drug addiction, delinquency, etc. are all dealt within the ambit of the individual's abnormal behaviour pattern.

The recent researches in the field of personality study such problems have through concept that body and mind functional as a unite. Therefore any type of psychological stress may be a complete of physical disorder. Following are the recent researches in this area clasiffied in the following headings :

- 1- Somatic Illness
- 2- Psychosomatic Diseases
- 3- Functional Disorders
- 4- Miscellaneous Studies

1. SOMATIC ILLNESS :

Shukla, Singh and Bhaskaran, et.al. (1966), studied somatic and socio-cultural factors in the etiology of psychoneurosis. It was seen that in 94% of patients, socio-cultural factors were significant. Somatic factors affected 40% of the patient population. Only 14%

of the patients in the study had positive family history of psychoneuroses . The analysis of data indicated that the factor of 'Role-stresses' has stresses and played the most significant part in the causation of neurotic illness. The other important factors were sex, stresses associated with education, problems associated with marital life, complicated family pattern etc.

Sharma and Nand Kumar, et. al. (1980), conducted a study on personality structure and adjustment pattern in bronchial asthma. Sample consist of 25 bronchial asthma patients, a 25 control groups patients the age group 45 of both sexes, matched on age, sex, marital status and socio-cultural back-ground. Rorschach, test Eysenck's rating scale for anxiety, and neuresthemic tendency, sentence completion test were administered. The analysis was then applied 't' test, result reveals that the asthmatics were intelligent but inhabited. They had covert aggression, neurotic constriction, and marked affectional and dependency needs. They had constructive anxiety, and were unable to use Their energy for constructive work. Excessive dependency on the mother and sexual disturbance were prominently noticeable. They were possessed with irrational fears, guilt feelings and insecurity. Though high goals were set they were unable to achieve them. The present data suggest avenues for further research in the cross-cultural field.

Srivastava, and Srivastava et. al. (1981), conducted study on personality co-relation of cancer. Sample consists of 30 cancer patients and 30 normal subjects matched on age, sex, income and education. The analysis of data, mean, S.D. 'T' test. Result,

reveals that cancer patients were found to score significantly higher on psychoticism and neuroticism and lower on extroversion.

Seth, and Seth et. al. (1981), conducted study of aggression in tuberculosis patients. Sample consists of 50 patients suffering from tuberculosis and 50 normal, matched on age, sex, education and SES. The statistical analysis was applied 't', mean, and 'F'-ratio. Result reveals that the tuberculosis patients were found to be more intro-punitive, more ego-defensive, more need persistent and denied any essential guilt for referring to unavoidable circumstances. The results are by and large in Confirmity with earlier studies.

Shanmugam and Kaliappan, et.al. (1982), conducted study on adjustment of asthma and ulcer patients. Sample consists of two group of fifty patients in each, suffering from asthma and gastric ulcer. A control group of healthy normal was also taken for comparison. The statistical analysis was applied mean, and S.D.. Result reveals that it indicated asthmatic group was poor in emotional, health and adjustment as compared to normal control, ulcer patients obtained consistently low scores on all the areas of adjustment. Except for occupational adjustment.

Srivastava, et. al. (1981), conducted a study of personality characteristics of hypertensive and thyroid patients. Sample consists of 50 patients suffering from hypertension and 50 thyroid patients, 100 normal subject matched on age, sex, income and education as control subject. The statistical analysis was applied mean, S.D. and 't' test. Result reveals that hypertensive subjects were found

to be more active dominant, paranoid and emotionally unstable than normals, while thyroid, patients were more paranoid, depressed, emotionally unstable and introverted. Hypertensives scored higher on dominance and activity than thyroids while their scores were low on paranoid, depression and introversion intendencies.

Chaturvedi, Upadhyaya & Shivaji et.al. (1988), studied somatic symptoms in a community clinic, in Bangalore; 158 subjects attending a mental health clinic with an age group up 17-60 years of age, free from mental retardation, organic psychosis and major physical illness were selected ICD9 (Who 1978) were administered on them. Results reveals that somatic symptoms were the chief volunteered first complaint in 64.6% of cases, while another 20% cases also reported somatic complaints of further enquiry (i.e.in all 77.2%) in 74% of the cases the duration was more than 6 months. Around 50% of cases had moderate to severe difficulties in financial and social spheres due to their somatic problems. Female patients predominant 30% were dentified using Swartz's somatization index and has more than given somatic complaints 50% of them met the criteria for somatization disorder of DSM.III.

Demopulos, et. al. (1996) examined the relationship between hypochondrical concerns (Hcs) and depressive symptoms for 100 drug free out patients with major depressive disorder. Ss were treated with fluoxetine for 8 Wks, and the effect of treatment on hypochondriacal symptoms were examined. Little relationship was found between severity of depressive symptoms and Hcs.

Measures of anxiety, somatic symptoms, and psychological distress were more consistently related to Hcs. Ss with either histrionic personality disorder or a lifetime history of panic disorder had greater Hcs than patients without these diagnosis. After open treatment with fluoxetine, the degree of Hcs he showed significant decreases that were only partly related to the degree of change in depression and anxiety severity. Findings suggest that the presence of Hcs among depressed-out patients are more closely related to the presence of anxiety than depressive symptoms.

Biondi, and Massimo, et. al. (1997), reviews research on the role of psychological stress, personality, social support and other psycho-social factors in bacterial, viral and parasitic infections. After 100 Yrs of research on men and animals, psychological stress is considered as a potential co-factor in the pathogenesis of infectious disease. Psychological stress seems able to alter susceptibility to infectious agents, influencing the onset, course and outcome of certain infectious pathologies. Many experiments have identified in neuro-immuno modulation the principle mediator of the alterations associated with the conditions of stress. The development of psychoneuroimmunology has fostered in-depth study of the 4 complex relationship between psycho-social factors, the central nervous system, the immune system and infectious disease. Although antimicrobial drugs have remained the basis of all anti-infective therapy. This type of study has already led some authors to propose and experiment protocols of psychological intervention or psycho-immuno therapy, in pathologies such as tuberculosis, or

herpes, simplex virus or human immuno deficiency virus infections. The psycho immunological approach will probably grow importance in the future not only in research in psycho-somatic medicine but also in clinical microbiology.

Weinryb-Robert et. al. (1997), Although many studies have examined the relationship between personality factors and adjustment after surgery, most of them have had very short follow-up periods. The present prospective study examined whether preoperative psychodynamic assessment of personality traits enhances prediction of various areas of psycho-social adjustment assessed at least 1 year after surgery. In 53 patients undergoing pelvic pouch surgery for ulcerative colitis, the authors examined the relationship between personality traits measured before surgery, and postoperative psychosocial adjustment assessed at a median of 17 mo postoperatively, controlling for the effect of surgical functional outcome. Personality traits were assessed with the Karolinska psychodynamic profile. Surgical functional outcome scales and the psychosocial adjustment to illness scale were used. Problems with sexual satisfaction, perfectionistic body ideals, lack of alexithymia, and poor frustration tolerance predicted poor postoperative adjustment in various areas, beyond what was predicted by surgical functional outcome alone. Moreover, moderate preoperative levels of alexithymia were beneficial to postoperative adjustment in the area of psychological distress.

Walker, and Edward, et. al. (1997), to recent reports have found associations between fibromyalgia and sexual victimization, but had methodologic characteristics that limited their interpretation.

The authors compared 36 patients with fibromyalgia and 33 patients with rheumatoid arthritis by using structured interviews for sexual, physical, and emotional victimization histories, as well as dimensional self-report measures of victimization severity. Compared with Ss with rheumatoid arthritis, those with fibromyalgia had significantly higher lifetime prevalence rates of all forms of victimization, both adult and childhood, as well as combinations of adult and childhood trauma. Although childhood maltreatment was found to be a general risk factor for fibromyalgia, particular forms of maltreatment did not have specific effects. Experiences of physical assault in adulthood, however, showed a strong and specific relationship with unexplained pain. Trauma severity was co-related significantly with measures of physical disability, psychiatric distress, illness adjustment, personality, and quality of sleep in patients with fibromyalgia but not in those with rheumatoid arthritis.

Mira-E, et. al. (1997), Discusses the relation of personality traits to physiology and somatic disorders. The role of personality and neurologic and endocrine factors in the development of psychiatric disorders also is considered. The relation of personality to diseases of the circulatory and respiratory systems, the digestive organs, the reproductive system, the endocrine glands, the skin and the nervous system is described.

Lannoo, and Engelen, et.al. (1997), evaluated personality change following head injury in 68 patients at 6 mo postinjury using the NEO Five-Factor inventory to assess the 5 personality dimensions of the Five-Factor model of personality. All items

had to be rated twice, once for the preinjury and once for the current status. 28 trauma patients with injuries to other parts of the body than the head were used as controls. For the head-injured group, 63 relatives also completed the questionnaire. The results showed no differences between the ratings of head-injured patients and the ratings of trauma control patients. Both groups showed significant change in the personality dimensions Neuroticism, Extraversion, and Conscientiousness. Compared to their relatives, head-injured patients report a smaller change in extraversion and conscientiousness. Changes were not reported on the openness and agreeableness scales, by either the head-injured or their relatives, nor by the trauma controls.

Bagedahl Strindlund, et. al. (1997), mapped the psychological, psychiatric, odontological and medical aspects of patients with symptoms allegedly related to the side-effects of mercury in dental fillings. A total of 67 consecutive patients and 64 controls matched for age, sex and residential area were included in the study. The most striking result was the high prevalence of psychiatric disorders in the patients (89%) compared to the controls (6%), predominantly somatoform disorders. The personality traits differentiating the patients were somatic anxiety, muscular tension, psychosthenia and low socialization. More patients than controls showed alexithymic traits. The prevalence of diagnosed somatic diseases was higher, but not sufficiently so to explain the large difference in perceived health. The multiple symptoms and signs of distress displayed by the patients could not be explained either

by the odontological data or by the medical examination. Results indicate that the patients show sociodemographic and clinical patterns similar to those of somatizing patients.

Weitzner, Michael A et. al. (1998), It has been recognized for sometime that psychiatric symptoms, such as depression, anxiety, and behavioral alterations, may occur in patients who have pituitary disease. More recent research focusing on nerval circuits in the brain and the impact of alterations in neuro-transmission and neurohormonal modulation has shown that the prefrontal cortex can be affected by perturbations in functioning occurring in distant sites. Such is the situation with the hypothalamic-pituitary axis. Through its rich connections with other limbic structures, the hypothalamic-pituitary axis may affect the behavioral control exerted by the prefrontal cortex, causing mood and personality. alterations. In the more severe cases, an apathy syndrome may develop which must be carefully differentiated from depression and other cognitive disorders. This report will review.

- (1) The neuroanatomical components that cause the behavioral changes observed in many patients with pituitary disease.
- (2) The current concept of apathy syndrome,
- (3) The differentiation of apathy syndrome from major depression,
- (4) The underlying neurobiology of apathy, and
- (5) potential treatments.

2. PSYCHOSOMATIC DISEASES :

Khorana et. al. (1989), studied psychological risk factors in ischaemic heart disease in Baroda; 60 patients of Ischaemic heart disease (IHD) and 15 controls, comparable to IHD in term of age, sex and education were selected, psychological assessment of each patient was done. Result reveals that 65% cases had severe psychological stresses like financial pressures, deaths and family problems, before the onset of illness. The stress group had greater representation of high socio-economic status. Type A behaviour and other psychosomatic disorders.

Sreddhar et. al. (1989), studied trait of general ambition in peptic ulcer in Trivendrum; sample consists of 43 male peptic ulcer patients who attended the OPD of Gastroenterology Dept. of medical college Hospital in Trivendrum. 65 male employees of a large department store constituted the normal and 30 hospital general out patient males. General ambition subscale (George and Mtthew 1966), was administered on them. Result reveals though significant difference was noticed between peptic ulcer patients and the hospital general out patients. This was due to the later's abnormally low score in general ambition. The western idea about the personality of peptic ulcer patients that they are over-ambitions is found not to be tenable in out culture probably because our culture does not foster the trait of being ambitions.

Sreedhar, et. al. (1989), studied nature of anxiety in peptic ulcer in Trivendrum, fifty peptic ulcer patients, 102 healthy, 60 patients, from general OPD and 50 neurotic patients, were

selected manifest anxiety scale was administered on them. Result reveals. That anxiety level of male and female peptic ulcer were found comparable to that neurotic patients. Hospital patients of general medicine had significantly less anxiety than that of peptic ulcer and of neurotics but more than health control.

Katiyar, Gupta, and Singh et.al. (1989), studied role of neuroticism and extraversion in patients of acute myocardial infarction in Lucknow; 30 male patient of myocardial infarction admitted in intensive coronary care unit and 30 normal were selected, Eysenck's personality inventory case history schedule were administered on them. Result reveals patients with myocardial infarction obtained significantly high score on neuroticism than the controls. Extraversion score was not found to be significantly different in two groups of subjects.

Ekselius, Lisa et. al. (1996), explored the prevalence of personality disorders in 56 male and 70 female patients (mean age 46.2 Yrs.) with somatoform pain disorders or medical illnesses such as obesity, hypertension, cardiovascular diseases, and diabetes treated at a rehabilitation center. Personality disorders were found in 34.9% of Ss, and major depression was found in 27%. Cluster A and B personality disorders were significantly more common in Ss with medical illnesses. The presence of a personality disorder within cluster B, but not a major affective disorder, resulted in an earlier age at onset and long standing work disability. Results indicate a worse course and a poorer response to treatment of Axis I disorders in patients with comorbid personality disorders.

Markovitz, Jerome et. al. (1996), The effect of a laboratory stressor, type A structured interview (SI) and speech task on platelet activation, was assessed in 14 male stable post myocardial infaction (MI) patients (mean age 54-9 Yrs) and 15 age matched healthy men. plasma beta-thromboglobulin (BTG) levels were increased after the stressor. Increases in BTG with stress were related to higher SI ratings of potential for hostility and type A behavior, but not to Cook-Medley, rated hostility scores. Healthy Ss tend to have greater change in BTG with stress than post-MI Ss. Results indicate that acute stress increases BTG level and that hostility is related to greater platelet reactivity, independent of any long term effects of platelet inhibition.

Vaillant, George, et. al. (1996), studied 193 men prospectively followed for over 50 Yrs to determine the psychological contributions to and the long-term consequences of uncomplicated essential hypertension (HT). Independent assessments of physical and mental health were made. Results show that objective indices of psychopathology predicted both physical morbidity and mortality, but did not predict HT. When pyknic somatotype, college diastolic blood pressure, and well-integrated personality in college were controlled, no other preadult variable predicted HT. Heart disease, obesity, and alcohol abuse were each co-related with HT. After roughly 20 yrs. 14 of the 41 Ss with treated HT were in stable remission, and 13 Ss had developed cardiac complications. No differences between these groups could be discerned. Over time, HT appeared to be more a product of biological than of psychosomatic variables.

Corfiati, Leonardo, et. al. (1996), studied the affective and emotional components of obstructive sleep apnea by assessing the psychosomatic dynamic personality index. Human Ss. 30 male and female Italian adults (aged 26-72 Yrs) (moderate to severe obstructive sleep apnea). Respiratory organic function during sleep was monitored. The Rorschach was administered and was interpreted automatically, quantitative and qualitative analyses were performed.

Rocco, Pier, Luigi, et.al. (1998), examined the presence of psychiatric symptoms and personality characteristics in patients with asthma and near fatal asthma (NFA). An NFA attack is defined by the presence of one or more of the following symptoms: respiratory arrest, alteration in consciousness, need for mechanical ventilation. The authors interviewed a sample of 17 asthmatic patients who experienced one or more NFA attacks. An control group of 17 control patients with asthma who never experienced NFA attacks was enrolled. After a baseline assessment, the patients underwent an interview concerning their personal and familiar psychiatric history and a psychodiagnostic investigation using Hamilton scales for anxiety and depression, Zung scales for anxiety and depression, and Minnesota multiphasic personality inventory. No significant differences in the results of psychodiagnostic tests between NFA patients and the control group were reported. Psychiatric history was similar in the 2 groups.

Lanzi, Giovanni, et. al. (1998), reports the personality characteristics of 30 Ss. 16 males and 14 females (mean age 13.7 Yrs) suffering from tension headaches. 13 of the Ss suffered

from migraines without auras, 8 from migraines with auras, and 9 from chronic tension-type headache. The study was based on a detailed clinical assessment (psychodynamically-oriented interviews with the child and its parents) and evaluation by, tests. A blind test of the clinical personality characteristics was then carried out. Results indicate that 13 Ss, Had a neurotic personality organization, 12 Ss were borderline, and 5 Ss. had a "White relation." Given the Ss" youth, these conditions are probably to be considered transient. Data suggest that Ss are distributed along a continuum that ranges from Ss who have an evolved and adaptive mental organization and defense mechanisms to Ss who have a less evolved and adaptive mental organization and who are at a greater risk of somatization.

3. FUNCTIONAL DISORDERS :

Bhalla and Bhalla, et. al. (1986), studied psychiatric disorders among children in Kanpur 72 children in the age range of 1-15 Years found to be suffering from psychiatric disorders, were administered on them. Result reveals that 62.5% Ss belonged to special symptoms and conversion reaction 82% belonged to unclear family.

Agarwal and Rekha et. al. (1987), studied creativity in normals and schizophrenics in Delhi, 10 schizophrenics and 10 normals. Only male subjects in the age range of 25-30 years were administered on them. Result reveals 2 groups did not differ significantly on any of the four scales i.e. originality (verbal

& non verbal) and elaboration verbal and nonverbal of the creativity scale.

Chopra, and Beatsom, et. al. (1988), Studied some aspects of the phenomenology of borderline personality disorders in Australia, 12 patients (11 definite and 1 probable) qualifying for narrowly defined hospitalised cases of borderline personality disorder of DSM III criteria were administered on them diagnostic Interview for borderline patients. Result reveals there were 11 females and 1 males almost all the cases present with evidence of brief psychotic symptoms, most common symptoms being the dissociative type (derealisation depersonalisation), some patients also experience non-drug induced psychotic symptoms mainly hallucinations which are brief and appear only in stressful circumstances. Depressive symptoms are observed in almost all cases at the time of admission but are usually transient antidepressants are not of much therapeutic value. The brief psychotic and depressive symptoms are described in detail and their diagnostic implications are discussed.

Panda, and Narang, et. al. (1989), studied A comparative study of cognitive functioning of the schizophrenics, manics and normals in Ludhiana, 15 schizophrenics, 15 manics and 15 normal control subjects, diagnosed as per ICD-9 (1978), from Dayanand Medical College, Ludhiana, were administered on them scale of Bhatia's Battery of performance tests of Intelligence (Bhatia 1955, Murthy 1966). PGI memory scale (pershad 1977), Bender Gestalt Test (Bender 1938, Hain 1964). Result reveals the clinical group (N=30) differed significantly from controls on all the three scale.

Schizophrenic group showed maximum impairment in the areas of intelligence, memory and perceptico motor functions BVMG failed to differentiate between the two clinical groups.

Vyas, Rathore and, Sharma, et. al. (1989), studied of psychiatric aspects of hysterectomy in Jaipur, 30 women patients who were hysterectomised for non malignant pathologies were compared with 30 comparable patients. Who under went other gynaecological operations were administered on them standardised Hindi version of general health questionnaire (GHQ) by Golderg, 1978, Hindi version of P.E.N. inventory, (Eysenck, 1963), beck depression rating inventory (Beck & Ward) 1961), section d, c of Indian psychiatric Interview schedule. Result reveals that patients undergoing hysterectomy do suffer significantly higher psychiatric morbidity (60%) had higher GHQ BDRI Scores at the time of discharge from hospital.

Miyaoka, and Hitoshi, et. al. (1996), studied and examined the psychiatric profiles of 50 women (aged 37-73 Yrs) with "glossodynia," an enduring pain or a burning sensation in the tongue without any oral pathology or systemic disease, compared with 24 controls (aged 36-70 Yrs). Patients scored lower on the extraversion scale of the Eysenck personality questionnaire and higher on the Toronto Alexithymia scale than the controls, while there was no difference in the mean general health questionnaire score. Results suggest the psychopathology of glossodynia may be associated with personality trait characteristics rather than with neurotic or depressive symptoms.

Hueston William et. al. (1996), compared the functional status, health care utilization, and satisfaction with care for 65 patients at high risk for personality disorder with 28 Ss at low risk. Ss completed the structured clinical inventory for DSM-III -R-personality disorders, medical outcomes study short form-36, beck depression Inventory, CAGE. Alcohol use questionnaire, and the RAND patient satisfaction questionnaire. Ss at high risk for any personality disorder had lower functional status, higher risk for depression or alcohol abuse, and lower levels of satisfaction with care. Ss at high risk for borderline, schizoid, and dependent disorders was associated with higher degrees of functional impairment and greater risk for depression and alcohol abuse. High risk Ss with obsessive-compulsive, narcissistic, and schizotypal disorders showed no impairment compared with low risk Ss. Medical care use was only higher among Ss at high risk for histrionic and dependent disorders.

Labbate, and Lawrence, et. al. (1997), The records of patients admitted with major depressive disorder (MDD) to a large military medical center were reviewed during the years 1991-1995. Recidivists were 46 consecutive patients admitted 3 or more times during the period. The comparison sample was 50 consecutive patients admitted for the 1st time in 1993 without subsequent admission at the hospital. All Ss were aged 18-80 Yrs. patient groups were compared for age, gender, comorbidity, and the presence of medical conditions contributing to their admission. Repeat hospital admissions for MDD were common. Recidivists

were more likely to be older, suffer recurrent depression, receive a personality disorder diagnosis, receive ECT or have a medical condition contributing to their admission, than patients admitted once. Alcohol use disorders or other axis I disorders did not predict recidivism.

White and Aileen, et. al. (1997), personality characteristics and the incidence of minor psychiatric disturbances were assessed in 33 female patients (aged 19-74 Yrs) with structural dysphonia, 18 female patients (aged 15-82) Yrs) with psychogenic dysphonia, and in 42 female out patient controls (mean age 46.7 Yrs) with other physical ear, nose, and throat disorders (ENTS). Ss' scores on the general health, Eysenck personality, and hysteroid-obsessoid questionnaires were compared. Results show that patients with psychogenic dysphonia had a significantly greater degree of mild psychiatric disturbance, but that patients with structural dysphonia were also significantly more disturbed than controls. significant psychiatric symptomatology was found in 56% of psychogenic dysphonia Ss 30% of structural dysphonia Ss, and 14% of ENT Ss. It is concluded that psychological distress cannot be detected solely on laryngeal appearances and voice characteristics, and that the general health questionnaire can be a quick, simple screening tool for identifying patients who might benefit from a more psychologically based approach to therapy.

4. MISCELLANEOUS STUDIES :

Singh, Srivastava and Nigam et. al. (1975), conducted a study on children with behaviour problems, 15 with physical illness and 25 normal children as controls, to study the personality characteristics of psychologically and physically disturbed children, Hindi version of H.S.P.Q. was administered. Finding reveals that problem of children are more aggressive, obstructive, cool, aloof, hard precise, suspicious and rigid. They lacked in frustration tolerance and were emotionally dissatisfied, irritable, impatient.

Santan and Wig, et. al. (1967), conducted a study on neurotics. Modified Hindi and punjabi version of M.P.I. was administered. The result indicated that as compared with the normal group, The neurotics have a different pattern of scores on the two scales and these differences in both cases are highly significant. A comparison of the norms of the neurotic population with those of the normal population reveals that the M.P.I. discriminated between normal and neurotics at reasonably satisfactory level. The neurotic group was high on neuroticism factor and on extraversion factor as compared with the normal group.

Kamlesh et. al. (1981), conducted a study on the effect of personality on value pattern in Kanpur, 60 students between the age of 18-21 years studying in the local colleges, 30 boys and 30 girls were administered on them, The Newman-Kobilstedt diagnostic test for Introversion-extroversion, (adapted by Jai prakash), Ojha,s test for measuring values (modified from Allport-vernon study of values.). The results reveals that there is no

marked difference between introvert and extrovert, also between girls and boys but there is difference between the average groups and the others. One of the values are clearly developed. The only one that is of average intensity is economical this is logical in view of the generally difficult economic conditions faced by most students.

Martin, Thomas, et. al. (1996), assessed how various personality factors are co-related with depressive symptom and psychosomatic symptoms self-report among 179 undergraduates. Ss completed the multidimensional perfectionism scale, self-efficacy scale, procrastination scale, beck depression inventory, and psychosomatic symptom checklist. Co-relational analyses revealed that depression scores were related to socially prescribed perfectionism, self efficacy dimensions, and procrastination. Physical symptom report was associated with personal and social dimensions of perfectionism, low self efficacy, and depression. Regression results indicated that self-efficacy and socially prescribed perfectionism interacted to predict unique variance in depression and physical symptom report. Results provided partial support for the application of a self-regulation model to the study of psychological distress and somatic problems in college students.

Lou, Zhenshan, et. al. (1996), studied pilot life events and physical and psychosocial factors. Human Ss 74 Chinese male adults (aged 25.42 - 36.68 Yrs) (Pilots) (suffered from one or two illnesses or diseases). 186 normal Chinese male adults (aged 25.42 - 36.68 Yrs) (Pilots). Ss positive or negative life events in the past one Yrs were investigated and compared between

the 2 groups. Co-relations of Ss life events with physical and psychosocial factors age, flying hours, personality, illness or disease, depression or anxiety symptoms and social support were analyzed, Ss negative life event and the physical and psychosocial factors were studied in a multiple factor linear regression analysis. Tests used. the stressed life events review scale, the sixteen personality factor questionnaire (16PF), the SCL-90 and the psychosomatic social support scale (PSSS).

Fehr, Theo et. al. (1996), studied the effects of transcendental meditation (Tm) on clinically relevant personality dimensions . Human Ss: 84 normal male and female German adolescents and adults (residents of university towns) (beginning TM students) (study 1). 37 normal male and female German adolescents and adults (residents of university towns) (beginning TM students) (study 2). 360 Male and female German adolescents and adults (TM practitioners) (study3). In the Ist 2 studies, the Ss completed a personality inventory before and 8 WKS (study1) or 14 mo (study2) after beginning TM instruction. Changes in personality characteristics were analyzed. In study 2, results from 25 Ss who continued to practice TM at 14 mo and 12 Ss who no longer practiced Tm were compared. In study 3, 168 Ss were excluded from further analysis on the basis of low scores on the "openness" factor. For the remaining sample, co-relations between personality test scores and duration of TM practice were analyzed, and results from 98 Ss who had been receiving treatment for various psychiatric or somatic disorders prior to TMwere compared with findings from

94 Ss who had not been receiving therapy. Tests used: the Freiburg personality Inventory.

Larsen and, Randy et. al. (1996), (assessed the structural complexity of daily affect ratings of 18 male and 25 female undergraduates, and then related individual differences in affective complexity (Acx) to aspects of personality. Ss completed a mood report 3 times a day for 8 wks, as well as measures to assess dispositional happiness, emotional variability, and self-reported physical well-being. Acx was defined as the number of within-subject factors needed to account for a given amount of variance in each Ss.

Molchanov, and Kroutko et. al. (1997), conducted a comparative analysis of the stable personality characteristics of the 1990 and 1994 applicants to Moscow colleges. In view of the fact that individuals, personality traits exert significant influence on health and longevity, it is important to monitor changes occurring in the stable personality traits under the impact of the social environment. Cattell's sixteen personality factor questionnaire was administered to a total of 210 applicants (aged 16-17 Yrs). The personality changes that were revealed are interpreted here in the context of the issue of the influence of socio economic changes on human personality traits, health, and the length of healthy life. Results demonstrate that, in the period between 1990 and 1994, the Ss displayed a tendency toward greater emotional stability and lesser frustration, and toward accepting and being guided by new social standards. This is indicative of the new-generation applicants better adjustment to the current social conditions in Russia and,

consequently, of the decreasing risk of psychosomatic disorders, and longer life.

A number of other studies have been conducted on these aries, but systematic accounts are not available.

Chapter 3

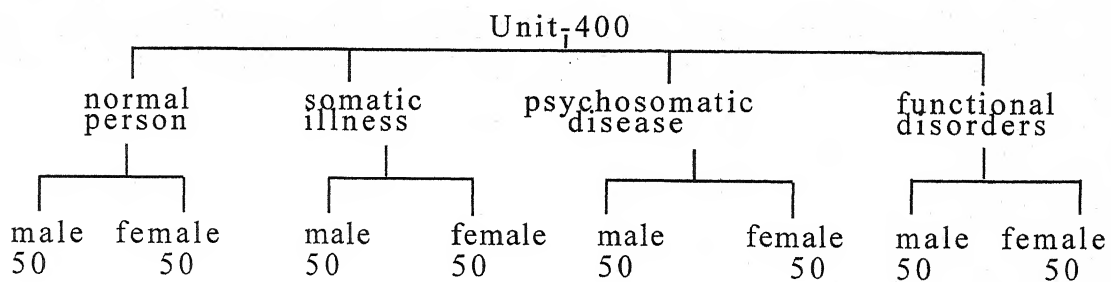
RESEARCH METHODOLOGY

The research problem has already been stated in chapter- I. The methodological designs of the study have now been set out in under following sections.

1. Sample.
2. Research design.
3. Tools of the study.
4. The collection of data.
5. The statistical analysis.

1. SAMPLE :

For the purpose of verification of hypothesis a sample of 400 person of average socio-economic-status with age group of 25-35 years of both sex was selected as per schedule given below :-



All the four groups matched for age, sex, education and socio-economic status. The quota sampling procedure was adopted, (50 male and 50 female) selected from each group. Thus the total number of units were four hundred.

Sampling Reliability of the Sample:

Statistical Computation of Sample reliability were computed to find out how much sampled units would deviate from their parameters.

Table No.1 - Sampling reliability of the sample : NORMAL

	PERSONALITY FACTORS															
	A	B	C	E	F	G	H	I	L	M	N	O	Q1	Q2	Q3	Q4
Mean	5.13	4.39	4.01	6.17	4.80	4.55	5.57	5.30	6.62	5.73	5.11	6.16	6.54	6.13	4.93	5.48
SD	1.28	1.84	1.38	1.50	1.40	1.77	1.15	1.70	1.67	1.64	2.04	1.36	1.56	1.44	1.65	1.71
Sx	0.13	0.18	0.14	0.15	0.14	0.18	0.12	0.17	0.17	0.16	0.21	0.14	0.16	0.14	0.17	0.17
<u>Limits of Means</u>																
1) at .05 level	4.88	4.04	3.74	5.88	4.53	4.20	5.33	4.97	6.29	5.42	4.70	5.89	6.23	5.86	4.60	5.15
	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
	5.38	4.74	4.28	6.46	5.07	4.90	5.81	5.63	6.95	6.04	5.52	6.43	6.85	6.40	5.26	5.81
2) at .01 level	4.79	3.93	3.65	5.78	4.44	4.09	5.26	4.86	6.18	5.32	4.57	5.80	6.13	5.77	4.49	5.04
	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
	5.47	4.85	4.37	6.56	5.16	5.01	5.88	5.74	7.06	6.14	5.65	6.52	6.95	6.49	5.37	5.92

Table No.2 - Sampling reliability of the sample : SOMATIC

	PERSONALITY FACTORS															
	A	B	C	E	F	G	H	I	L	M	N	O	Q1	Q2	Q3	Q4
Mean	5.25	4.49	4.33	6.12	4.85	4.25	5.60	5.43	6.73	5.95	5.17	6.29	6.80	6.03	5.00	5.07
SD	1.46	1.73	1.35	1.78	1.55	1.95	1.09	1.92	1.48	1.51	1.74	1.31	1.78	1.41	1.69	1.52
Sx	0.15	0.17	0.14	0.18	0.16	0.20	0.11	0.19	0.15	0.15	0.17	0.14	0.18	0.41	0.17	0.15
<u>Limits of Means</u>																
1) at .05 level	4.96	4.16	4.06	5.77	4.54	3.86	5.38	5.06	6.44	5.66	4.84	6.04	6.45	5.76	4.67	4.78
	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
	5.54	4.82	4.60	6.47	5.16	4.64	5.82	5.80	7.02	6.24	5.50	6.54	7.15	6.30	5.33	5.36
2) at .01 level	4.86	4.05	3.97	5.66	4.44	3.73	5.32	4.94	6.34	5.56	4.73	5.95	6.34	5.67	4.56	4.68
	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
	5.64	4.93	4.69	6.58	5.26	4.77	5.88	5.92	7.12	6.34	5.61	6.63	7.26	6.39	5.44	5.46

Table No.3 - Sampling reliability of the sample : PSYCHOSOMATIC

	PERSONALITY FACTORS															
	A	B	C	E	F	G	H	I	L	M	N	O	Q1	Q2	Q3	Q4
Mean	5.59	4.12	4.52	6.54	5.24	3.60	5.56	5.69	6.90	5.66	5.44	6.17	6.62	5.71	5.22	5.73
SD	1.55	1.64	1.51	1.93	1.65	1.76	1.22	1.79	1.60	1.81	1.70	1.04	1.61	1.74	1.76	1.11
Sx	0.16	0.16	0.15	0.19	0.17	0.18	0.12	0.18	0.16	0.18	0.17	0.10	0.16	0.17	0.18	0.11
<u>Limits of Means</u>																
1) at .05 level	5.28	3.81	4.23	6.17	4.91	3.25	5.32	5.34	6.59	5.31	5.11	5.97	6.31	5.38	4.87	5.51
	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
	5.90	4.43	4.81	6.91	5.57	3.95	5.80	6.04	7.21	6.01	5.77	6.37	6.93	6.04	5.57	5.95
2) at .01 level	5.18	3.71	4.13	6.05	4.80	3.14	5.25	5.23	6.49	5.20	5.00	5.91	6.21	5.27	4.76	5.45
	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
	6.00	4.53	4.91	7.03	5.68	4.06	5.87	6.15	7.31	6.12	5.88	6.43	7.03	6.15	5.68	6.01

Table No.4 - Sampling reliability of the sample : FUNCTIONAL DISORDERS

	PERSONALITY FACTORS															
	A	B	C	E	F	G	H	I	L	M	N	O	Q1	Q2	Q3	Q4
Mean	5.34	3.99	3.18	6.72	5.81	3.68	4.44	6.20	6.42	6.31	4.94	7.33	6.58	6.62	4.31	6.61
SD	1.39	1.64	1.40	1.72	1.33	1.55	1.51	1.82	1.62	1.27	1.72	1.46	1.72	1.69	1.59	1.67
Sx	0.14	0.16	0.14	0.17	0.13	0.16	0.15	0.18	0.16	0.13	0.17	0.15	0.17	0.17	0.16	0.17
<u>Limits of Means</u>																
1) at .05 level	5.07	3.68	2.91	6.39	5.56	3.37	4.15	5.85	6.11	6.06	4.61	7.04	6.25	6.29	4.00	6.28
	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
	5.61	4.30	3.45	7.05	6.06	3.99	4.73	6.55	6.73	6.56	5.27	7.62	6.91	6.95	4.62	6.94
2) at .01 level	4.98	3.58	2.82	6.28	5.47	3.27	4.05	5.74	6.01	5.97	4.50	6.94	6.14	6.18	3.90	6.17
	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
	5.70	4.40	3.54	7.16	6.15	4.09	4.83	6.66	6.83	6.65	5.38	7.72	7.02	7.06	4.72	7.05

2. RESEARCH DESIGN :

The present study being concerned with the study of the personality pattern of person belonging with psychosomatic disease, somatic illness, & functional disorders. An Ex-post-Factor research design was considered suitable for the study. Actually the present study is of exploratory nature, in which the independent variables have already occurred and the researcher starts with the observation of dependent variables. Then the independent variable are studied in respect for their possible relations and effect on dependent variables. Following are the variables which were studied in the present piece of work.'

Independent Variables :

I	Normal person.
II	Somatic illness.
III	Psychosomatic disease.
IV	Functional disorders.

Dependent Variables : 16 Personality Factors

3. TOOLS OF THE STUDY :

The present study is concerned with the personality pattern of person suffering from psychosomatic disease and functional disorders of average socio-economic status. The standerized test were available for the measurement of personality and socio-economic status. The following tools were used for the data collection in the present study.

- I. 16 personality factor questionnaire - R.B.Cattell,
- II. Socio-economic status scale - S.P. Kulshrestha.

1. Sixteen Personality Factor Questionnaire- R.B.Cattell

There are numerous personality test available in English and Hindi to measure the personality factors of individuals. But here researcher selected 16 personality factors questionnaire of Cattell, which was translated in Hindi by S.D.Kapoor (1970) due to following factors.

- I. The Inventory is in Indian language i.e. Hindi.
- II. It contains very brief and clear instructions.
- III. In items of multiple choice the respondents have simply to mark their choice.
- IV. It gives the maximum information in shortest possible time about the greatest. number of dimensions of personality.
- V. Hardly 45 minutes time is required to give the responses on the inventory, thus, has neither fatigue nor boredom effect on the respondent.
- VI. It is convenient in administration and scoring. The inventory consists of 187 multiple choice items. The respondents are required to put tick on answer according to their choice. Generally it takes 45 minutes to complete the inventory. However there is no time limit for it and sufficient time is allowed to the subjects to give their responses conveniently. It is primarily meant for the young adults.

The test measures 16 factors of personality. The discription of these sixteen factors are given below :-

Low score	Factor-A	Number of items		
	High score	in each form		
Reserved	Outgoing	A/B	C/D	E/F
(Sizothymia)	(Affectothymia)	10	6	8

Low score	Factor-B	Number of items		
	High score			
Dull	Bright	A/B	C/D	E/F
(Crystallized, power measure)	(Crystallized, power measure)	13	8	8

Low score	Factor-C	Number of items.		
	High score			
Affected by feelings	Emotionally stable	A/B	C/D	E/F
(Lower ego strength)	(Higher ego strength)	13	6	8

Low score	Factor-E	Number of items		
	High score			
Humble	Assertive	A/B	C/D	E/F
(Submissiveness)	(Dominance)	13	6	8

Low score	Factor-F	Number of items		
	High score			
	Happy-go-Lucky	A/B	C/D	E/F
(Desurgency)	Surgency)	13	6	8

Factor-G

Low score	High score	Number of items		
Expedient	Conscientious	A/B	C/D	E/F
(Weaker super ego strength)	(Stronger superego strength)	10	6	8

Factor-H

Low score	High score.	Number of items		
Shy	Venturesome	A/B	C/D	E/F
(Threctia)	(parmia)	13	6	8

Factor-I

Low score	High score	Number of items		
Tough-minded	Tender-minded	A/B	C/D	E/F
(Harria)	(Premsia)	10	6	8

Factor-L

Low score	High score	Number of items		
Trusting	Suspicious	A/B	C/D	E/F
(Alaxia)	(Protension)	10	6	8

Factor-M

Low score	High score	Number of items		
Practical	Imaginative	A/B	C/D	E/F
Praxernia	(Autia)	13	6	8

Factor-N

Low Score	High Score	Number of Items		
Forthright	Astute	A/B	C/D	E/F
(Artlessness)	(Shrewdness)	10	6	8

Factor-O

Low score	High score	Number of items		
Self-assured	Apprehensive	A/B	C/D	E/F
(Untroubled	(Guilt Proneness)	13	6	8

Factor-Q₁

Low score	High score	Number of items		
		A/B	C/D	E/F
(Conservativism)	(Radicalism)	10	6	8

Factor-Q₂

Low score	High score	Number of items		
Group-dependent	Self-sufficient	A/B	C/D	E/F
Group adherence		10	6	8

Factor-Q₃

Low score	High Score	Number of items		
Undisciplined	Controlled	A/B	C/D	E/F
Self-Conflict				
(Low integration)	(High self-sentiment)	10	6	8

Factor-Q₄

Low score	High score	Number of items		
Relaxed	Tense	A/B	C/D	E/F
(Low ergic)	(High ergic)	13	6	8

Table No.5 - 16PF DEPENDABILITY CO-EFFICIENTS: Test Re-test After Six Days.

FACTOR		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
FORMS	A+B	.89	-	.87	.88	.90	.88	.93	.89	.87	.82	.76	.89	.83	.85	.78	.91
FORM	A	.81	-	.78	.80	.79	.81	.83	.77	.75	.70	.61	.79	.73	.73	.62	.81
FORM	B	.75	-	.74	.80	.81	.77	.89	.79	.77	.70	.60	.81	.70	.75	.62	.87

Table No.6 - 16PF TRAIT STABILITY CO-EFFICIENTS: Test Re-test After Two Months

FACTOR		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
FORMS	A+B	.85	.63	.75	.85	.78	.84	.88	.87	.76	.71	.74	.77	.83	.81	.70	.78

Table No.7 - 16PF VALIDITY CO-EFFICIENTS OF INDIVIDUAL SCALES

FACTOR		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
Direct Validities																	
(A+B)		.86	.75	.82	.75	.84	.74	.92	.82	.78	.74	.77	.85	.86	.76	.83	.83
Direct Validities																	
(A or B alone)		.77	.62	.71	.66	.75	.63	.87	.71	.63	.58	.59	.75	.66	.62	.58	.75
Circumstantial Validities																	
(A or B alone)		.84	.42	.94	.63	.78	.66	.96	.74	.96	.77	.93	.89	.88	.77	.81	.99

Reliability :

The consistencies of the 16PF Scales are given in all possible ways, namely as :-

- (i) Reliabilities dependability, i.e., short term test re-test co-relations and also stability, i.e., re-test after a longer interval as :-
- (ii) Homogeneities (internal): and as
- (iii) Equivalence co-efficients (between forms).

The reliabilities, as dependability co-efficients after a six day lapse, on 146 adult (25-45 years), are shown in table no.5 and stability co-efficients, on 132 students after a lapse of two months as shown in table no.6.

Validity :

The validity of test itself is mean to be a concept (or construct) validity, that is to say, the test questionnaire or items are chosen as being good measures of personality factors. The mean co-relation of all single items with the factors they represent about +.37 and assuming a mean inter co-relation of the items of +.10, the mean co-relation of each group of items with the factor, it represents, i.e., the concept validity terms out to be about +.85.

The circumstantial validities, also shown in table no.7, are computed as rank. Difference co-relations, between co-relating theoretical and actual co-relations of the factor with all fifteen other factors.

2. Socio-economic Status Scale - Kulshrestha :

The term "Socio-economic Status" refers of any group of person coming closer to each other on the continue of occupation, income, caste and culture. (Chapin 1928) has offered most widely used definition of "Socio-economic status" as "The position that an individual or family occupies with reference to the prevailing average standards of cultural possessions, effected income, material possession and position in group of the community".

In India Kuppuswami (1962), Rahudkar (1960), Pareek and Trivedi (1964), Verma (1962), Pandey (1966), Singh (1967), Lewis and Dhillon (1955), also Satya Prabha (1969) developed their scales measure the socio-economic status of the people. These researchers have tried to make their scales more comprehensive. However, many variables like membership of voluntary organisation, The area in which the house is situated, the type of schools in which children studied, caste, savings etc. also add to socio-economic status, have not been left in these scales.

The researcher has used Dr. S.P. Kulshrestha's Socio economic status scale which is more comprehensive, reliable and valid tool for recording the informations about the socio-economic status of urban (Form-A) as well as rural people (Form-B). Both the forms collect information about the following component variables.

- I. Parental and sibling's occupation,
- II. Parental and sibling's general education,
- III. Parental and sibling's technical education (For Form-A only),

- IV. Economic indicators,
- V. Cultural indicators,
- VI. Psychological Indicators.

Both the forms separately contain 20 items or statements each item is provided with-2 to 12 alternatives, The subjects are asked to make right (✓) for the due informations.

Reliability and Validity :

Test-reliability of urban scale is .87, The opinion of five sociologists, five psychologists, five economists and five educationists, was sought and they found the scale valid for the purpose. Thus the scale possess content and construct validity.

Table No. 8 - Inter-Item and Item-Total co-relations (Range) of various SES components.

Sl. No.	Item	Inter-item and item total co-relations (range)		
I.	Occupation	.10	to	.73
II.	General education	.11	to	.55
III.	Technical education	.10	to	.50
IV.	Income	.15	to	.78
V.	Cultural Index	.08	to	.63
VI.	Psychological factors	.10	to	.57
VII.	Caste	.11	to	.43

The weightage to the various items of the scale has been assigned according to the relative importance of the factors considered in the scale, and only those items were selected in the scale, which were found empirically suitable for the purpose of the stratification. Inter-item and item-total, co-relations were calculated for evaluating internal consistency. The co-relations are given in Table No.8.

The validity of the scale was also calculated by comparing the scale with Dr. Kuppuswami's and Pandey's Socio-economic status Questionnaire. The co-efficient and co-relations were found equal to .57 and .87 and .89 respectively.

The reliability of rural form was calculated by using test retest method with a short interval of one month on 50 villagers. The co-efficient and co-relation was found quite high (0.85).

The scale has content validity as the items of the scale are collected as a result of interview with the farmers and other villagers, experts etc. And thus the universe of the concept was covered widely.

Pareek and Trivedi's socio-economic status (Rural) was also applied to 50 village. The co-efficient and co-relation was found, .84 which is quite high co-relation. The construct validity was calculated by the test of normality of distribution, was found to be slightly positively skewed, which was not significant on the test of significance of 'g'.

4. THE COLLECTION OF DATA :

The data was collected individually. In beginning, the researcher gave a orientation to the patient and was made acquainted with the purpose of the study. The subjects were assured that their responses would be kept strictly confidential. They were requested to answer frankly and give correct information.

At first socio-economic status scale was administrated to find out whether the person is to belong to average socio-economic status or not 2.

Form 'A' of SES scale was given to the subject. The test contains 20 items each provided with 2 to 12 alternatives. The subjects were asked to make mark (✓) for the due information . The completion of this test required an average of about 30 minutes. On completion of SES scale an interval of about 5 minutes was given and then, the second questionnaire, the 16 personality factor was given to the subject. The subject was fully told about the instructions. And asked to answer the questionnaire; The completion of this test required an average of about 1 hour. Thus testing time averaged about 2 hour per-subject; Testing and scoring were done by the investigator personally for the purpose of maintaining uniformity. The protocols of all the subjects were scored according to the instructions in the manual.

After collecting all the data the investigator was ready for analysis to draw conclusions which are discussed in the next chapters.

5. THE STATISTICAL ANALYSIS :

The statistical operation to be followed for the present investigation involved both the parametric and non-parametric technique. The parametric technique used includes computation of mean, S.D. and "t" test were mainly used for finding out differences between personality factors of two sub-groups.

Another method for interpreting the data used in the study is computation of profile-similarity co-efficient (rp) values and as well as plotting the profile, of two groups for the purpose of comparison and to find out the similarity or dissimilarity on all the personality factors simultaneously. The concept and the technique of profile similarity coefficient (rp) values was developed by R.B.Cattell (1969).

For calculating (rp) values, the formula used in the present study is a modified form of formula of R.B. Cattell's for group comparison for comparing profiles of groups. Looking the nomograph given on page 307 of R.B.Cattell's HandBook of 16PF. It was estimated that the weight which could be assigned to D^2 (square of the sten score differences). This was however co-related with significant differences between means of sixteen personality factors. The modified version of the formula is given below.

$$rp = \frac{16K - 100 \sum D^2}{16K + 100 \sum D^2}$$

D^2 values was multiplied with a constant of 100. This is also fits well with the nomograph values. Either values can be read from the nomograph or calculated by the above, formula is equal to each other. Therefore, it was taken for granted that the best matching weight to ΣD^2 is 100.

Chapter 4

THE DATA : ANALYSIS AND FINDINGS

The data thus obtained were put to rigorous statistical operations like powerful 't' test, and profile similarity co-efficient (rp) values have also been obtained alongwith profile preparations. The statistical analysis and interpretations have been described in this chapter under following two parts.

- 1- In the first part 't'- test, have used for finding out significant differences between two groups of normal and person suffering from somatic illness, psychosomatic disease, and functional disorders, on 16 personality factors. 't' test, which is a powerful test is applied to observe intergroup differences.
- 2- Another statistics for calculating and interpreting data is to compute the profile similarity co-efficient (rp) values the technique developed by R.B. Cattell (1969) through which the two group could be compared with for finding out similarity or dissimilarity on the sixteen personality factors for the two groups under investigation. For plotting of the profiles of 16 personality factors, the simple procedure has been applied as follow on Oy axis the sten score disperson from mean is taken while on Ox axis the sixteen personality factors are put for comparison. For the purpose of

calculating the profile similarity co-efficient (rp) values and as well as for plotting the profiles the sten scores have been rounded upto the nearest decimal point.

The whole study attempted to answer the following questions.

- i- Is there any significant difference between the personality pattern of normal person and person suffered from somatic illness.
- ii- Is there any significant difference in the personality pattern of normal person and person suffering with psychosomatic disease.
- iii- Is there any significant difference in the personality pattern of normal person and the person suffering with functional disorders.
- iv- Is there any significant difference between the personality pattern of person with somatic illness and person with psychosomatic disease.
- v- Is there any significant difference in the personality pattern of person with somatic illness and the person suffering with functional disorder.
- vi- Is there any significant difference in the personality pattern of person with psychosomatic disease and the person suffering with functional disorders.

PART-1 : COMPARISON OF NORMAL PERSON AND PERSON WITH SOMATIC ILLNESS :

In this section an attempt has been made to study and compare the personality of normal person and person with somatic illness on 16 personality factors. One hundred units from normal person (fifty male and fifty female) and the same number of person suffering from somatic illness (fifty male and fifty female) were selected. All of the units were from average socio-economic status groups. This section for comparison is divided into the following three subgroups:

- i. Comparison of personality pattern of normal person and person with somatic illness.
- ii. Comparison of personality pattern of normal male and male belonging with somatic illness.
- iii. Comparison of personality pattern of normal female and female belonging with somatic illness.

(i) Comparison between Normal Person and Person with Somatic Illness :

The results of table no.9 reveal that there is not any significant mean difference on any of the personality factor between normal person and person with somatic illness. The range of 't' values in between the two groups on 16 P. factors are above mentioned obtained is in the range of .19 to 1.79.

All 'the sixteen 't' values are not significant at, .05 level. Therefore it can be said that normal person and the person suffering from somatic illness have similar personality pattern as for as the 16 personality factors are concerned.

Table No.9: Mean stens, standard deviations and 't' value on sixteen personality factor of normal person and person with somatic illness ($N_1=100, N_2=100$)

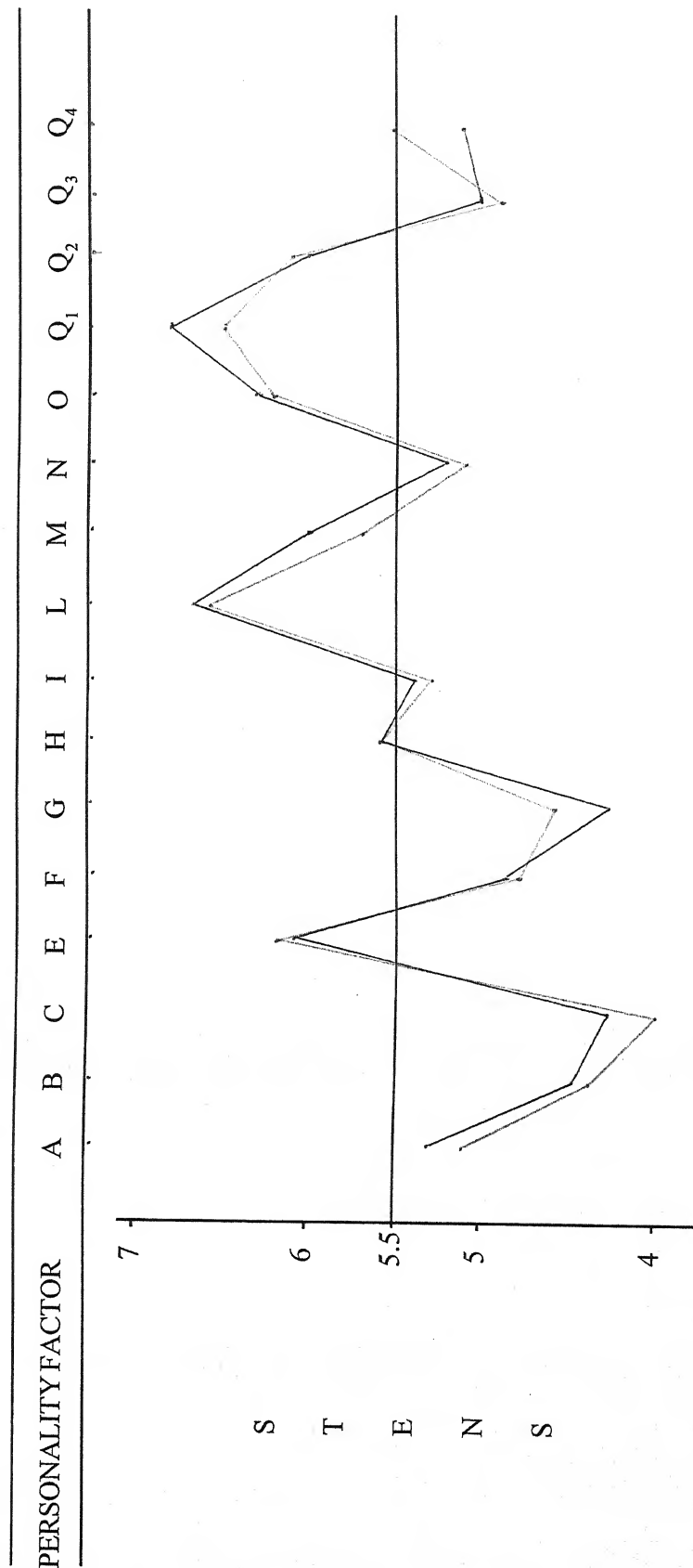
S.No.	FACTOR	NORMAL PERSON		PERSON WITH SOMATIC ILLNESS		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	5.13	1.28	5.25	1.46	0.62	
2-	B	4.39	1.84	4.49	1.73	0.40	
3-	C	4.01	1.38	4.33	1.35	1.66	
4-	E	6.17	1.50	6.12	1.78	0.21	
5-	F	4.80	1.40	4.85	1.55	0.24	
6-	G	4.55	1.77	4.25	1.95	1.14	
7-	H	5.57	1.15	5.60	1.09	0.19	
8-	I	5.30	1.70	5.43	1.92	0.51	
9-	L	6.62	1.67	6.73	1.48	0.49	
10-	M	5.73	1.64	5.95	1.51	0.99	
11-	N	5.11	2.04	5.17	1.74	0.22	
12-	O	6.16	1.36	6.29	1.31	0.69	
13-	Q_1	6.54	1.56	6.80	1.78	0.10	
14-	Q_2	6.13	1.44	6.03	1.41	0.50	
15-	Q_3	4.93	1.65	5.00	1.69	0.30	
16-	Q_4	5.48	1.71	5.07	1.52	1.79	

Table No.10 - Mean stens and profile similarity coefficient (rp) value between the personality factor of normal person and person with somatic illness ($N_1 = 100, N_2 = 100$)

PERSONALITY FACTOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A B C E F G H I L M N O Q ₁ Q ₂ Q ₃ Q ₄																
NORMAL PERSON	5.1	4.4	4.0	6.2	4.8	4.6	5.6	5.3	6.6	5.7	5.1	6.2	6.5	6.1	4.9	5.5
PERSON WITH SOMATIC ILLNESS	5.3	4.5	4.3	6.1	4.9	4.3	5.6	5.4	6.7	6.0	5.2	6.3	6.8	6.0	5.0	5.1
D	.2	.1	.3	.1	.1	.3	0	.1	.1	.3	.1	.1	.3	.1	.1	.4
D ²	.04	.01	.09	.01	.01	.09	0	.01	.01	.09	.01	.01	.09	.01	.01	.16

(i) rp value for all the 16 factors = +0.56 ($P < .01$)

FIGURE -1 **SHOWING PERSONALITY PROFILE OF NORMAL PERSON AND PERSON SUFFERING WITH SOMATIC ILLNESS ($N_1 = 100, N_2 = 100$)**



M_1 •	5.1	4.4	4.0	6.2	4.8	4.6	5.6	5.3	6.6	5.7	5.1	6.2	6.5	6.1	4.9	5.5
M_2 •	5.3	4.5	4.3	6.1	4.9	4.3	5.6	5.4	6.7	6.0	5.2	6.3	6.8	6.0	5.0	5.1

Mean stens and profile similarity co-efficient (rp) value between the personality factors of normal person and person with somatic illness have been presented in table no.10. The profile similarity co-efficient (rp) value is equals to +0.56. Which is significant at .01 level. The rp value reveals that both the group ie. normal person and person with somatic illness have the same personality pattern. Both groups are alike on all the sixteen personality factors.

Normal persons have a range of mean stens in between 4.01 to 6.62, while the somatic illness group have a range of mean stens in between 4.25 to 6.8. Thus both the groups have their mean stens in between 4.01 to 6.8. This range of mean sten put both the groups in the average category of sten score classification.

The comparison between these two groups on the basis of mean stens the personality profile is presented in fig.no.I. It may be immediatily seen from fig.no.I. That both the groups have approximately the same mean stens.

(ii) Comparison between Normal Male and Male sufferings from Somatic Illness :

Comparison between normal male and male suffering from somatic illness on 16 personality factors is presented in table no.11. Results reveal significant mean differences between normal male and male with somatic illness on personality factor A,I,O

and Q_4 . On factor A and I male with somatic illness have a higher mean stems with that of the normal male. The 't' value is significant at .01 level. For factor A while for factor I it is significant at .05 level.

Table No.11 Mean sten, standard deviation and 't' value on sixteen personality factor of normal male and malewith somatic illness ($N_1=50, N_2=50$)

S.No.	FACTOR	NORMAL MALE		MALE WITH SOMATIC ILLNESS		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	5.40	0.80	5.98	1.09	3.03	<.01
2-	B	3.84	1.65	4.1	1.94	0.72	
3-	C	4.2	1.21	4.26	1.27	0.24	
4-	E	6.1	1.55	5.66	1.91	1.26	
5-	F	4.68	1.40	4.36	1.33	1.17	
6-	G	4.44	1.51	4.34	2.07	0.28	
7-	H	5.5	0.93	5.58	0.94	0.43	
8-	I	6.0	1.42	6.68	1.34	2.46	<.05
9-	L	6.48	1.69	6.8	1.62	0.97	
10-	M	5.86	1.64	5.68	1.53	0.57	
11-	N	4.7	1.60	5.22	1.95	1.46	
12-	O	6.68	1.21	6.00	1.08	2.96	<.01
13-	Q_1	6.5	1.40	6.66	1.94	0.47	
14-	Q_2	5.96	1.27	6.06	1.59	0.35	
15-	Q_3	4.94	1.62	4.76	1.67	0.55	
16-	Q_4	6.14	1.34	5.46	1.35	2.53	<.05

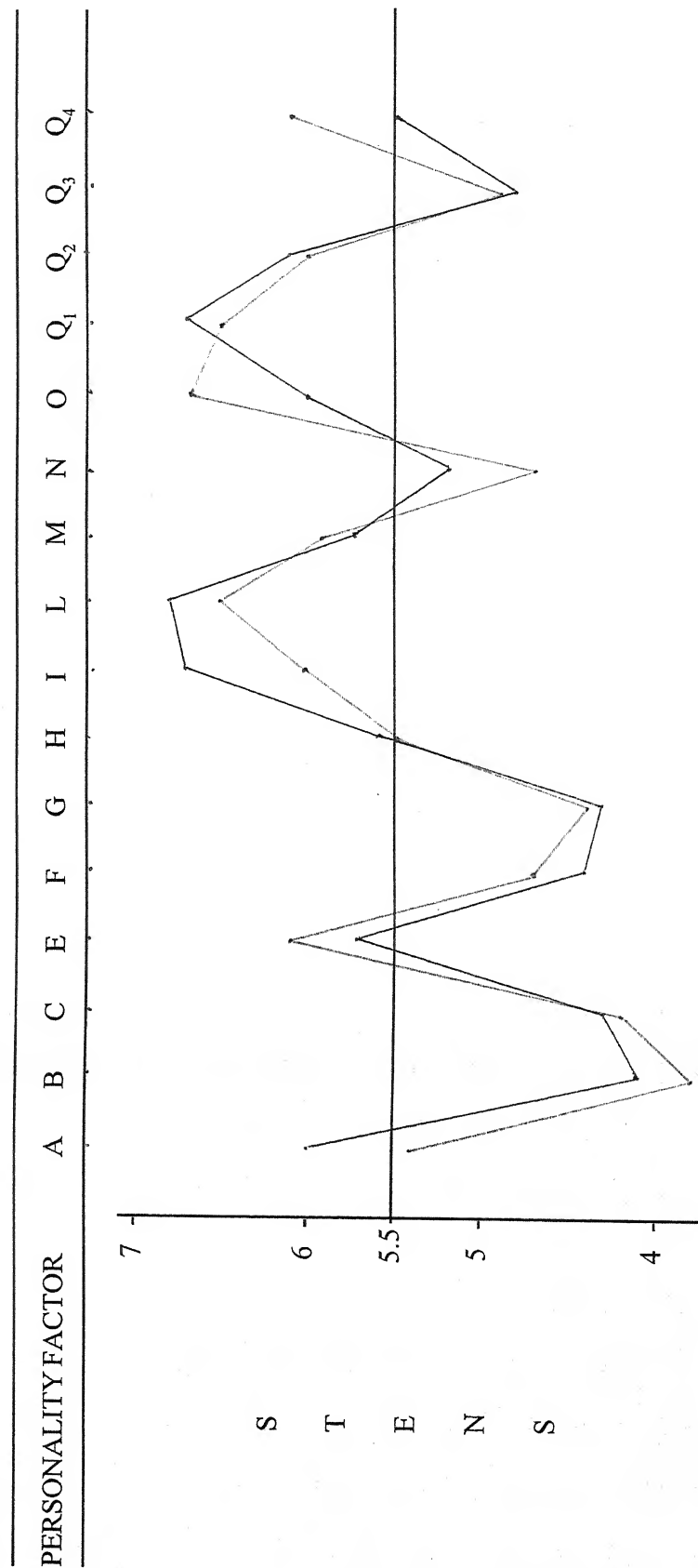
(71)

Table No. 12 - Mean stens and profile similarity co-efficient (rp) value between the personality factor of normal male and male with somatic illness. ($N_1 = 50$, $N_2 = 50$)

PERSONALITY FACTOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
NORMAL MALE	5.4	3.8	4.2	6.1	4.7	4.4	5.5	6.0	6.5	5.9	4.7	6.7	6.5	6.0	4.9	6.1
MALE WITH SOMATIC ILLNESS	6.0	4.1	4.3	5.7	4.4	4.3	5.6	6.7	6.8	5.7	5.2	6.0	6.7	6.1	4.8	5.5
D	.6	.3	.1	.4	.3	.1	.1	.7	.3	.2	.5	.7	.2	.1	.1	.6
D ²	.36	.09	.01	.16	.09	.01	.01	.49	.09	.04	.25	.49	.04	.01	.01	.36

(i) rp value for all the 16 factor = -0.04 (N.S.)

(ii) rp value for factor A, I, O & Q₄ = -0.64 (P < .01)

FIGURE -2 SHOWING PERSONALITY PROFILE OF NORMAL MALE AND MALE WITH SOMATIC ILLNESS $(N_1 = 50, N_2 = 50)$ 

M_1	•	5.4	3.8	4.2	6.1	4.7	4.4	5.5	6.0	6.5	5.9	4.7	6.7	6.5	6.0	4.9	6.1
M_2	•	6.0	4.1	4.3	5.7	4.4	4.3	5.6	6.7	6.8	5.7	5.2	6.0	6.7	6.1	4.8	5.5

On factor and O and Q_4 the normal male have higher mean stens with that of male suffering with somatic illness. The 't' value is significant at .01 level. For factor O and Q_4 , t value is significant at .05 level. Significant differences do not appear among rest of the personality factors.

From table no.12. It can be observed that (rp) value between the two group ie. normal male and male suffering with somatic illness is equal to -.04 which is not significant and thus reveals that both the group have similar personality pattern as for as 16 factors of personality are concerned.

There are 4 personality factors i.e. A,I,O& Q_4 , on which both the group have significant mean difference. The profile similarity co-efficient (rp) value on these four personality factors between both the groups was obtained -0.64 ($P<.01$). Which reveals that normal male group and male suffering with somatic illness have an inverse relationship on personality factor A,I,O, Q_4 .

Normal male group has a range of mean sten in between 3.84 to 6.68 while, the male group suffering with somatic illness have a range of mean sten in between 4.1 to 6.8. Thus both the groups have their mean stens in between 3.84 to 6.8. This range of mean stens puts both the group in the average category of sten score classification. the comparison between these two groups on the basis of mean sten, of the personality profiles is presented in fig.no.2. It may be immediately seen from fig.no.2. That both the group have approximately the same range of mean sten.

(iii) **Comparison between Normal Female and Female with Somatic Illness :**

Comparison between normal female and female suffering from somatic illness is presented in table no.13. The results reveal that significant mean differences are obtained on personality factors M and O in between normal female and female with somatic illness. On factor M and O the female with somatic illness have higher mean stens than their counter parts i.e. normal female, significant at 0.05 and 0.01 level. On rest of the personality factors. There are not any significant mean differences between both the groups i.e. normal female and female with somatic Illness

Mean stens and profile similarity co-efficient (rp) value between the personality factors of normal female and female with somatic illness have been presented in table no.14. The profile similarity co-efficient (rp) value is -.14 which is insignificant. Thus both the groups under study have similarity and personality pattern as far as all the sixteen personality factors are concerned.

There are two personality factor i.e. M and O. On which both the groups have significant mean differences at .01 level (O) and .05 level (factor M). The profile similarity co-efficient (rp) value on these two personality factors between both the groups obtained as the (rp) value -0.72. Which is significant at .01 level. Reveals that normal female group and female with somatic illness have a inverse relationship on personality factor M and O. Normal female group has a range of mean stens

in between 3.82 to 6.76. While the female with somatic illness group have a range of mean stens in between 4.16 to 6.94. Thus both the groups have their meanstens in between 3.82 to 6.94. This range of mean stens put both the group, in the average category of sten score classification .

Table No.13 Mean stens, standard deviation and t value on sixteen personality factor of normal female and female with somatic illness ($N_1=50, N_2=50$)

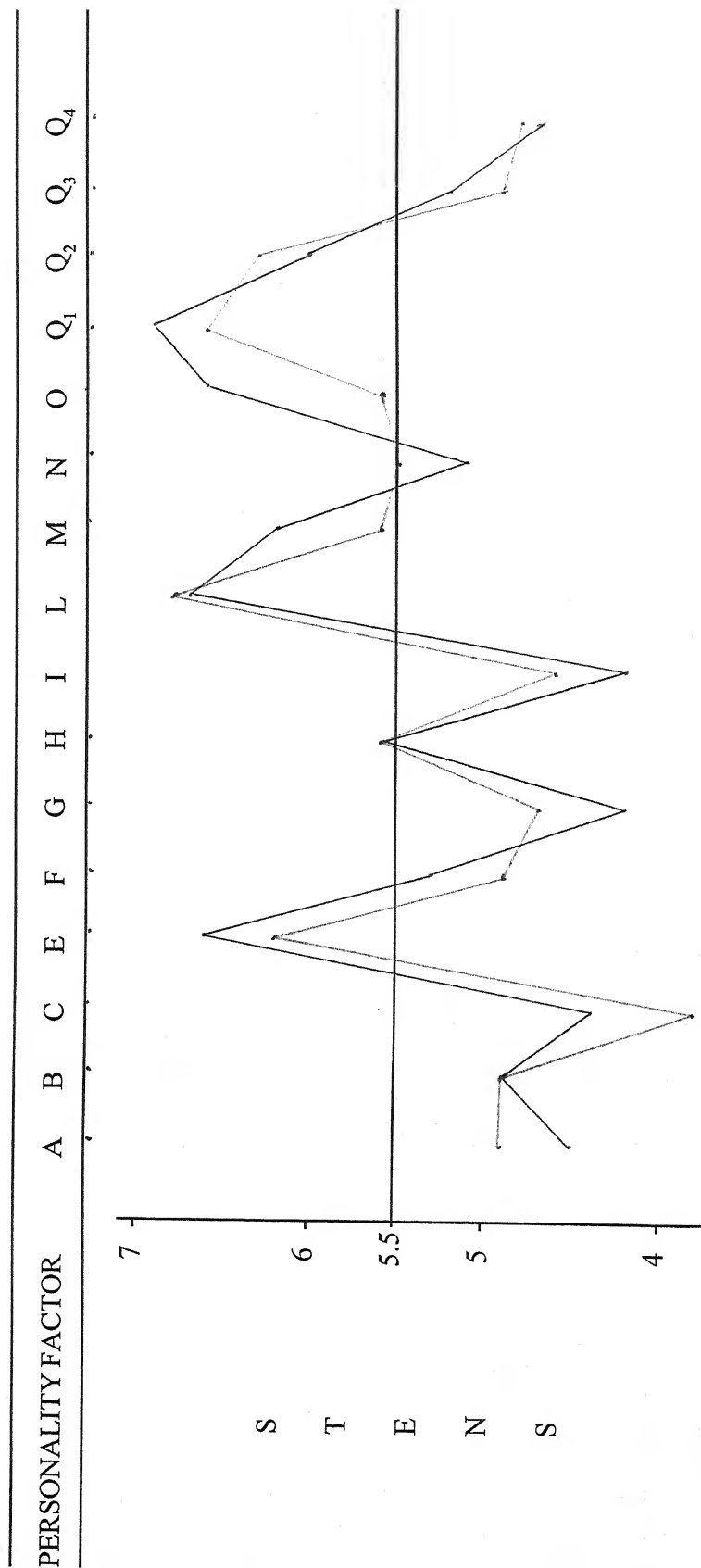
S.No.	FACTOR	NORMAL FEMALE		FEMALE WITH SOMATIC ILLNESS		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	4.86	1.59	4.52	1.43	1.12	
2-	B	4.94	1.86	4.88	1.40	0.18	
3-	C	3.82	1.53	4.40	1.44	1.95	
4-	E	6.24	1.46	6.58	1.53	1.14	
5-	F	4.92	1.41	5.34	1.62	1.38	
6-	G	4.66	2.00	4.16	1.83	1.30	
7-	H	5.64	1.35	5.62	1.22	0.28	
8-	I	4.6	1.69	4.18	1.58	1.27	
9-	L	6.76	1.66	6.66	1.33	0.33	
10-	M	5.60	1.65	6.22	1.46	2.00	<.05
11-	N	5.52	2.34	5.12	1.53	1.01	
12-	O	5.64	1.32	6.58	1.45	3.39	<.01
13-	Q ₁	6.58	1.72	6.94	1.62	1.08	
14-	Q ₂	6.30	1.58	6.00	1.22	1.06	
15-	Q ₃	4.92	1.70	5.24	1.69	0.94	
16-	Q ₄	4.82	1.80	4.68	1.59	0.41	

Table No. 14 - Mean stens and profile similarity co-efficient (rp) value between the personality factors of normal female and female with somatic illness. ($N_1 = 50$, $N_2 = 50$)

PERSONALITY FACTOR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
NORMAL FEMALE		4.9	4.9	3.8	6.2	4.9	4.7	5.6	4.6	6.8	5.6	5.5	5.6	6.6	6.3	4.9	4.8
FEMALE WITH SOMATIC ILLNESS		4.5	4.9	4.4	6.6	5.3	4.2	5.6	4.2	6.7	6.2	5.1	6.6	6.9	6.0	5.2	4.7
D		.4	0	.6	.4	.4	0.5	0	.4	.1	.6	.4	1.0	.3	.3	.3	.1
D ²		.16	0	.36	.16	.16	.25	0	.16	.01	.36	.16	1.0	.09	.09	.09	.01

(i) rp value for all the 16 factor = - 0.14 (N.S.)

(ii) rp value for factor M & O = - 0.72 ($P < .01$)

FIGURE -3 SHOWING PERSONALITY PROFILE OF NORMAL FEMALE AND FEMALE WITH SOMATIC ILLNESS $(N_1 = 50, N_2 = 50)$ 

$M_1 \bullet$	4.9	4.9	3.8	6.2	4.9	4.7	5.6	4.6	6.8	5.6	5.5	5.6	6.6	6.3	4.9	4.8
$M_2 \bullet$	4.5	4.9	4.4	6.6	5.3	4.2	5.6	4.2	6.7	6.2	5.1	6.6	6.9	6.0	5.2	4.7

The comparison between these two groups on the basis of mean stens, personality profile is presented in fig.no.3. It may be immediately seen from fig.no.3. That both the groups have approximately the same mean sten.

In the light of above description and interpretation. It is reveals that somatic person sufferess from stress, anxiety Demopulos, 1996, Biolndis, 1997 and Weitznir, 1998 found psychiatric symptom somatic disease person. Bagedahi (1998), Walker (1997) found emotional stress, George E.(1896) found that the person with somatic illness have marital life problems and stress as well as stress problems. Thus male and female of both the group have different personality pattern. While as a whole both the group i.e. normal person and person suffering with somatic illness have similar personality pattern.

Thus the Hypothesis No.1- "Persons sffering from somatic illness are likely to be different in their personality makeup with that of normal person," is accepted in case of male and female.

CONCLUSIONS :

Mean stens on personality factors (significant on 't' value) and (rp) values of normal and somatic illness groups, are presented in table no.15. On the basis of the results obtained the following conclusions may be drawn.

Table No.15 Mean stens of personality factors (significant on 't' value) of total population, male and female belonging to normal and somatic illness groups.

PERSON- ALITY FACTOR	TOTAL POPULATION			MALE			FEMALE		
	t	NORMAL GROUP	SOMATIC ILLNESS GROUP	t	NORMAL GROUP	SOMATIC ILLNESS GROUP	t	NORMAL GROUP	SOMATIC ILLNESS GROUP
A I M O Q ₄				3.03	5.40	5.98			
				2.46	6.00	6.68			
				2.96	6.68	6.00	2.00	5.60	6.22
				2.53	6.14	5.46	3.39	5.64	6.58
	(i) rp value for 16 factor +.56 (p<.01)			(i) rp value for 16 factor = -0.04 N.S. (ii) rp value for factors A,I,O & Q ₄ = -0.64 P<.01			(i) rp value for 16 factor = -.14 N.S. (ii) rp value for factors M & O = -0.72 P<.01		

(i) The Total Population :

- i. The normal groups ($N_1=100$) & somatic illness groups ($N_2=100$) have a similar personality pattern. There was not any significant mean difference on any of the personality factors between the person of normal groups and person suffering from somatic illness group.
- ii. The rp value +0.56 reveals that the normal and somatic illness groups have similar personality pattern.

(ii) Male Population :

When male normal ($N_1=50$) and male with somatic illness ($N_2=50$) groups were compared, the follow results were obtained.

- (i) Male with somatic illness have a higher mean stens on personality factor 'A' and 'I' with that of normal

- male significant at .01 and .05 level respectively.
- (ii) Normal male have a higher mean sten on personality factor O and Q_4 with that of male with somatic illness significant at .01 and .05 level respectively.
 - (iii) The r_p value for all the sixteen personality factor's between normal male and male with somatic illness is equals to -0.04 (N.S.) indicated an inverse relationship between the two groups.
 - (iv) On factor A,I,O& Q_4 , the r_p value obtained was -.64 significant at .01 level. It reveals an inverse relationship between the normal male and male with somatic illness, as for as the personality factor A,I,O& Q_4 are Concerned.

(iii) Female Population :

When female normal ($N_1=50$) and female with somatic illness ($N_2=50$) groups are compared the following results were obtained.

- (i) Female with somatic illness have a higher mean sten on personality factor M & O with that of normal female. The 't' value is significant at .01 and .05 level respectively.
- (ii) The r_p value for all the sixteen personality factors between normal female and female with somatic illness is equal to -.14. Which is not significant at any level.

- (iii) On factor M & O the r_p value obtained was -0.72 ($P < .01$), also reveals an inverse relationship between the normal female and female with somatic illness and above mentioned factors.

PART-2 : COMPARISON BETWEEN NORMAL PERSON AND PERSON WITH PSYCHOSOMATIC DISEASE :

In this section an attempt has been made to study and compare the personality of normal person and person suffering with psychosomatic disease on 16 personality factor. One hundred units from normal person (fifty male and fifty female) and the same number of psychosomatic diseased person (fifty male and fifty female) were selected. All of the units were from average socio-economic status group. This section for comparison is divided into the following three subgroups.

- (i) Comparison of personality pattern of normal person and person suffering with psycho-somatic disease.
- (ii) Comparison of personality pattern of normal male and male belonging with psychosomatic disease.
- (iii) Comparison of personality pattern of normal female and female belonging with psychosomatic disease.

(i) Comparison between Normal Person and Person with Psychosomatic disease :

Table.No.16 reveals significant difference between normal

person and person with psychosomatic disease on factor A,C,F, & G only. The mean differences were found significant at .05 level. On factor A,C & F while on factor G mean difference was significant at .01 level.

Table No.16 : Mean stens , standard deviation and 't' value on personality factor of normal person and person with psycho-somatic disease ($N_1=100, N_2=100$).

S.No.	FACTOR	NORMAL PERSON		PERSON WITH PSYCHOSOMATIC DISEASE		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	5.13	1.28	5.59	1.55	2.29	<.05
2-	B	4.39	1.84	4.12	1.64	1.10	
3-	C	4.01	1.38	4.52	1.51	2.49	<.05
4-	E	6.17	1.50	6.54	1.93	1.51	
5-	F	4.80	1.40	5.24	1.65	2.03	<.05
6-	G	4.55	1.77	3.60	1.76	3.81	<.01
7-	H	5.57	1.15	5.56	1.22	0.06	
8-	I	5.30	1.70	5.69	1.79	1.58	
9-	L	6.62	1.67	6.90	1.60	1.21	
10-	M	5.73	1.64	5.66	1.81	0.29	
11-	N	5.11	2.04	5.44	1.70	1.24	
12-	O	6.16	1.36	6.17	1.04	0.06	
13-	Q ₁	6.54	1.56	6.62	1.61	0.36	
14-	Q ₂	6.13	1.44	5.71	1.74	1.86	
15-	Q ₃	4.93	1.65	5.22	1.76	1.20	
16-	Q ₄	5.48	1.71	5.73	1.11	1.23	

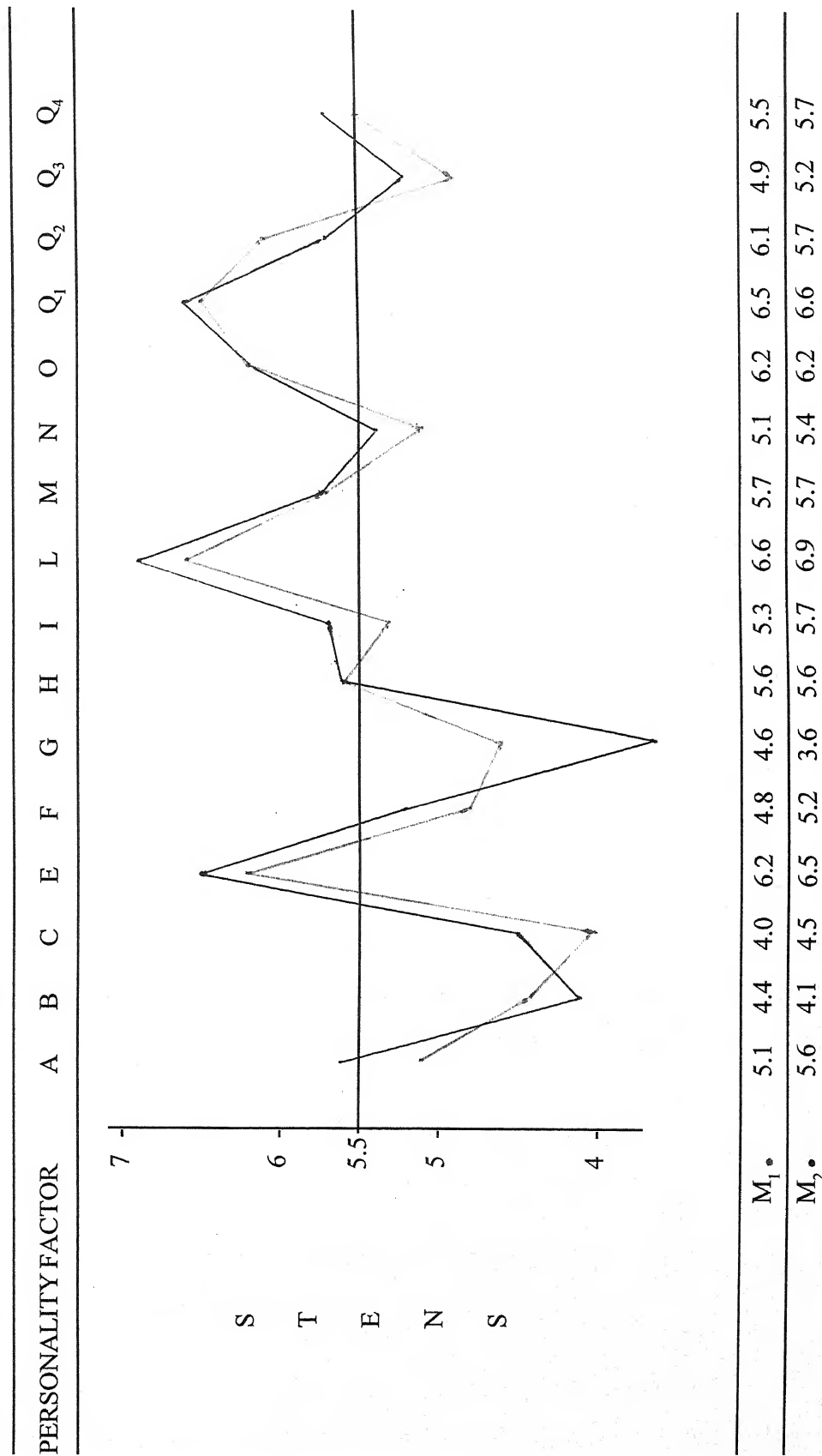
(83)

Table No. 17 - Mean stens and profile similarity co-efficient (rp) value between the personality factor of normal person and person with psychosomatic disease. ($N_1 = 100, N_2 = 100$)

PERSONALITY FACTOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
NORMAL PERSON	5.1	4.4	4.0	6.2	4.8	4.6	5.6	5.3	6.6	5.7	5.1	6.2	6.5	6.1	4.9	5.5
PERSON WITH PSYCHOSOMATIC DISEASE	5.6	4.1	4.5	6.5	5.2	3.6	5.6	5.7	6.9	5.7	5.4	6.2	6.6	5.7	5.2	5.7
D	.5	.3	.5	.3	.4	1.	0	.4	.3	0	.3	0	.1	.4	.3	.2
D ²	.25	.09	.25	.09	.16	1.	0	.16	.09	0	.09	0	.01	.16	.09	.04

(i) rp value for all the 16 factor = - 0.04 (N.S.)

(ii) rp value for factor A, C, F & G = -0.51 ($P < .01$)

FIGURE -4 SHOWING PERSONALITY PROFILE OF NORMAL PERSON AND PERSON BELONGING WITHPSYCHOSOMATIC DISEASE ($N_1 = 100, N_2 = 100$)

The psycho-somatic diseased person have scored higher mean stens on factor A,C, & F with that of normal person. On factor G the normal persons have higher mean sten ($M=4.55$, $P<.01$) than that of person suffering from psychosomatic disease. There is not any significant mean difference in remaining personality factors between the two groups under study.

Mean sten and profile similarity co-efficient (rp) value for personality factor of normal person and person. with psycho-somatic disease are presented in table no.17. The profile similarity co-efficient (rp) value is equals to $-.04$, which is not significant indicates similarity of the personality pattern of both the groups under study. There are four personality factors i.e. A,C,F & G on which both the group have mean differences significant at $.05$ level (factor A,C & F) and at $.01$ level (factor G). The profile similarity co-efficient (rp) value on these four personality factor for both the groups i.e. normal person and person with psycho-somatic disease obtained is -0.51 . The rp value -0.51 ($P<.01$) reveals that normal person and person with psycho-somatic disease have much difference in their personality pattern.

Normal group has a range of mean sten in between 4.01 to 6.62 , while the psychosomatic disease group has a range of mean stens in between 3.6 to 6.9 . This range of mean stens put both the groups in the average category of sten-score classification. The comparison between these two groups on the basis of personality profile is shown in fig.no.4. It was may be immediatily seen from fig.no.4 that both the groups have approximately the same

range of mean stens, but the difference is clearly visible in factor A,C,F & G.

(ii) Comparison between Normal Male and Male sufferings from Psychosomatic disease :

Comparison between normal male and male suffering from psychosomatic disease is presented in table no.18. The result reveals that significant difference are found between normal male and male with psychosomatic disease on factor A,C,E,G,I and Q_2 ; A major significant mean differences at .01 level on factor A, C & G are found between the two groups i.e. normal male and male with psychosomatic disease, while mean difference at 0.05 level of significance was found on personality factor E, I & Q_2 between normal male and male with psychosomatic disease.

Psychosomatic diseased group has comparatively higher mean stens than that of normal group on factors A,C ($P<.01$) and I ($P<.05$). The ten personality factor i.e. B,F,H,L,M,N,O, Q_1 , Q_3 & Q_4 , there are not any significant mean differences at any level.

Table.No.19 Shows similarity or dissimilarity between, the normal male and male with psychosomatic disease population on all the 16 personality factor. The profile similarity co-efficient (rp) value obtained was -0.39 which is significant at .01 level. This reveals that both the groups have an inverse relationship as far as all the sixteen personality factors are concerned.

Table No.18 Mean sten, standard deviation and 't' value on pesonality factor of normal male and male with psycho-somatic disease ($N_1=50, N_2=50$)

S.No.	FACTOR	NORMAL MALE		MALE WITH PSYCHOSOMATIC DISEASE		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	5.40	0.80	6.1	1.18	3.47	<.01
2-	B	3.84	1.65	3.84	1.55	0.00	
3-	C	4.20	1.21	4.96	1.38	2.93	<.01
4-	E	6.10	1.55	5.42	1.53	2.21	<.05
5-	F	4.68	1.40	4.68	1.76	0.00	
6-	G	4.44	1.51	3.24	1.58	3.88	<.01
7-	H	5.50	0.93	5.16	0.97	1.79	
8-	I	6.00	1.42	6.68	1.58	2.26	<.05
9-	L	6.48	1.69	6.74	1.68	.77	
10-	M	5.86	1.64	5.6	2.05	.70	
11-	N	4.70	1.60	5.24	1.58	1.70	
12-	O	6.68	1.21	6.36	1.13	1.37	
13-	Q ₁	6.50	1.40	6.80	1.77	.94	
14-	Q ₂	5.96	1.27	5.20	1.73	2.50	<.05
15-	Q ₃	4.94	1.62	4.42	1.52	1.66	
16-	Q ₄	6.14	1.34	5.80	1.01	1.43	

In factor A,C,E,G,I&Q₂ significant 't' values were obtained. The profile similarity co-efficient value (rp) computed for these six personality factor's, for the two groups obtained was -0.72; significant at .01 level. It reveals an inverse relationship between the two groups on 6 personality factors i.e.A,C,E,G,I & Q₂.

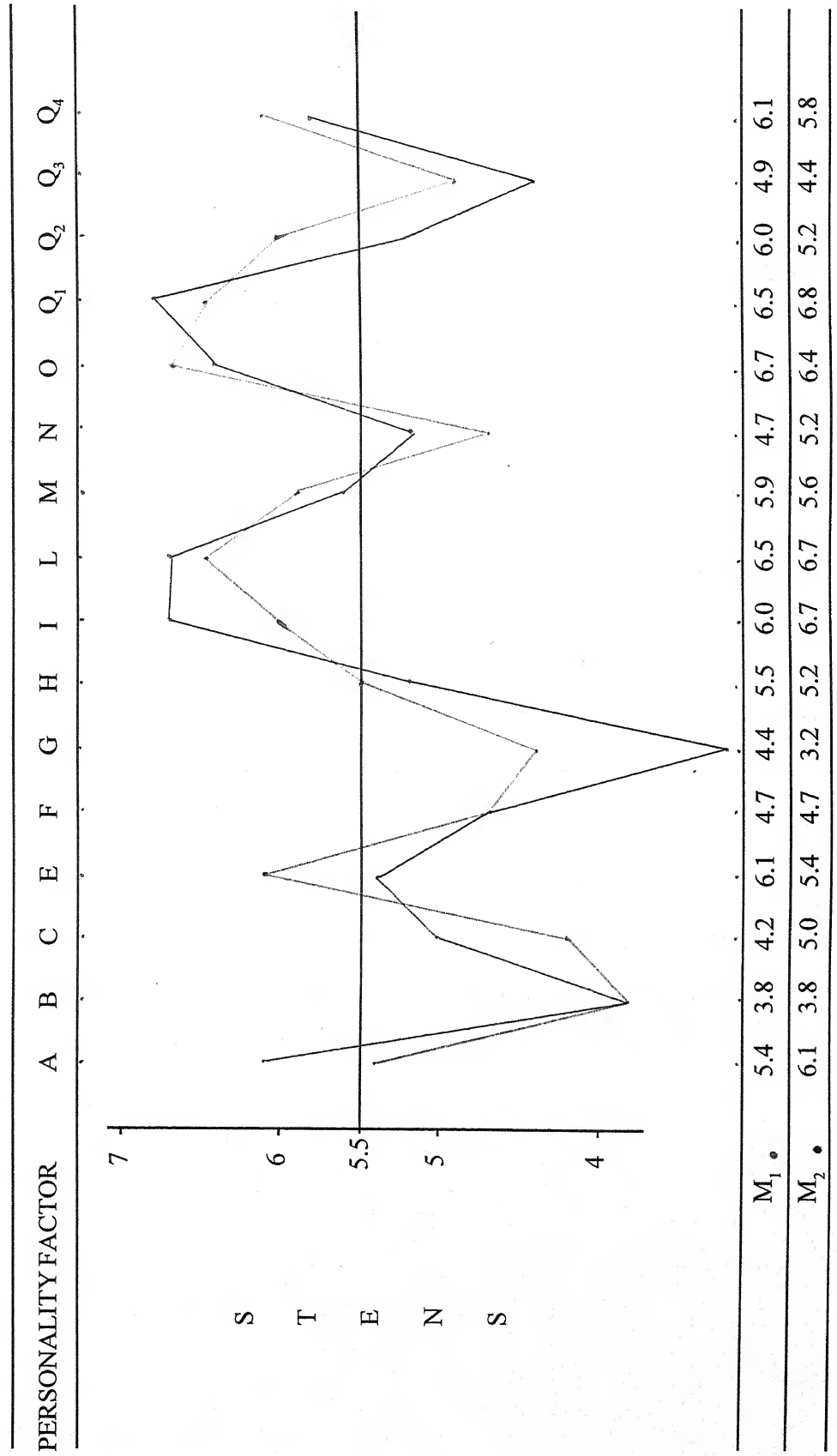
Table No.19 - Mean stens and profile similarity co-efficient (rp) value between the personality factor of normal male and male with psychosomatic disease. ($N_1 = 50, N_2 = 50$)

PERSONALITY FACTOR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
NORMAL MALE		5.4	3.8	4.2	6.1	4.7	4.4	5.5	6.0	6.5	5.9	4.7	6.7	6.0	5.0	4.9	6.1
MALE WITH PSYCHOSOMATIC DISEASE		6.1	3.8	5.0	5.4	4.7	3.2	5.2	6.7	6.7	5.6	5.2	6.4	6.8	5.2	4.4	5.8
D		.7	0	.8	.7	0	1.2	.3	.7	.2	.3	.05	.3	.3	.8	.5	.3
D ²		.49	0	.64	.49	0	1.44	.09	.49	.04	.09	.25	.09	.09	.64	.25	.09

(i) rp value for all the 16 factor = - 0.39 ($P < .01$)

(ii) rp value for factor A, C, E, G, I & Q₂ = - 0.72 ($P < .01$)

FIGURE - 5 **SHOWING PERSONALITY PROFILE OF NORMAL MALE AND MALE BELONGING WITH PSYCHOSOMATIC DISEASE ($N_1 = 50, N_2 = 50$)**



Both the groups have a mean stens in between 3.84 to 6.80. This range puts them under average category of sten score classification. The comparison between these groups on the basis of personality profile is presented in fig.no.5. It may be immediatily seen from fig.no.5. That both the groups have an average range of mean sten but on six personality factors A,C,E,G,I, and Q_2 the mean sten difference is wider between the two groups.

(iii) Comparison between Normal Female and Female with Psychosomatic disease :

Comparison between normal female and female with psychosomatic disease is presented in table.no.20. Result reveals that significant differences are found between normal female and female with psychosomatic disease on factor E,F, Q_3 and Q_4 ($P<.01$). Female with psychosomatic disease was obtained higher mean stens on all the four factors with that of normal female group and on rest of the personality factor's significant mean differences were not obtained.

Table.No.21 is showing relationship between the normal female and female with psychosomatic disease on all the 16 personality factors. The profile similarity co-efficient (rp) value obtained was -.48. This reveals that both the group have an inverse relationship significant at .01 level as far as all the sixteen personality factors are concerned.

On factor E, F, Q_3 and Q_4 significant 't' value was obtained. For these four personality factors. The profile similarity

co-efficient (rp) value was -0.86. The result reveals that both the groups i.e. normal female and female with psychosomatic disease also have inverse relationship significant at .01 level for personality factor E, F, Q_3 and Q_4 .

Table No.20 Mean sten, standard deviation and 't' value on personality factor of normal female and female with psycho-somatic disease ($N_1=50, N_2=50$)

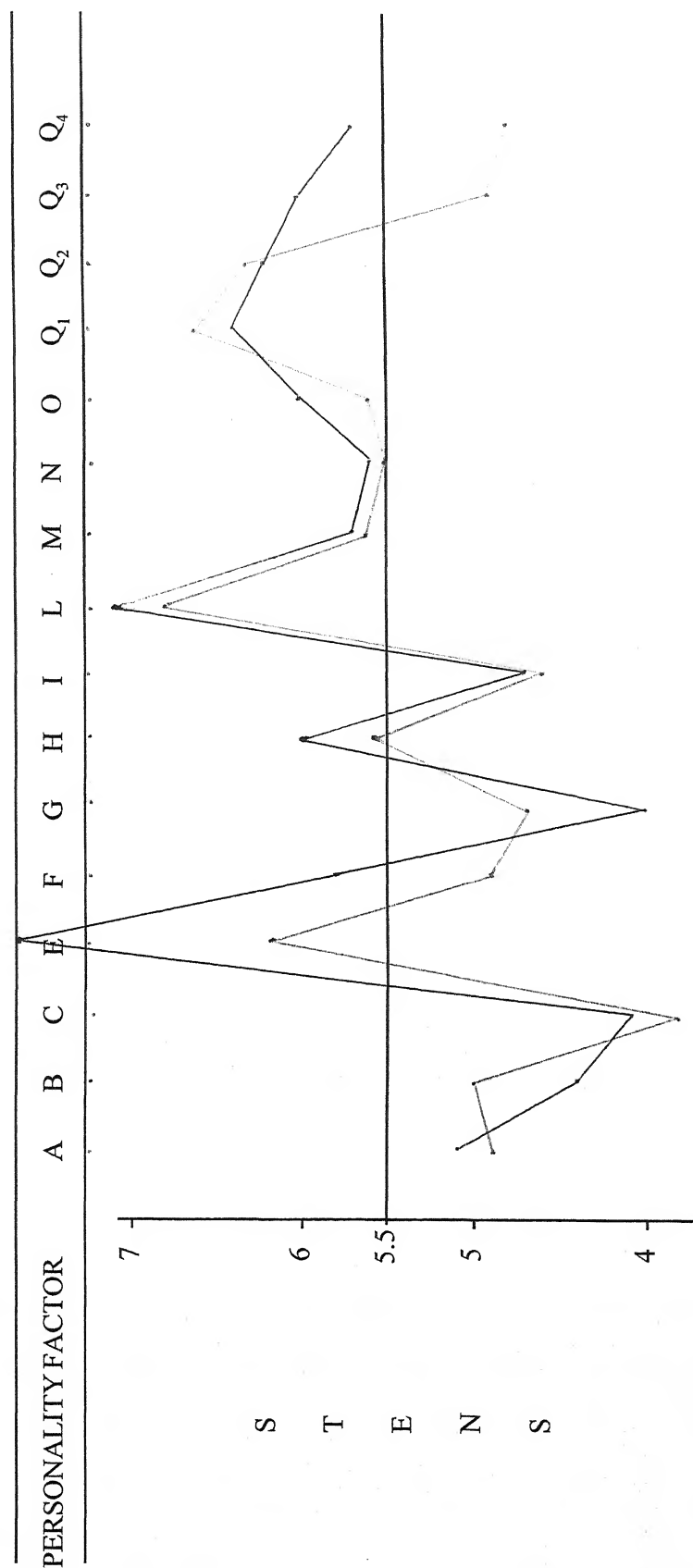
S.No.	FACTOR	NORMAL FEMALE		FEMALE WITH PSYCHOSOMATIC DISEASE		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	4.86	1.59	5.08	1.72	0.66	
2-	B	4.94	1.86	4.44	1.70	1.40	
3-	C	3.82	1.53	4.08	1.52	0.85	
4-	E	6.24	1.46	7.66	1.61	4.62	<.01
5-	F	4.92	1.41	5.80	1.32	3.22	<.01
6-	G	4.66	2.00	3.96	1.88	1.80	
7-	H	5.64	1.35	5.96	1.32	1.20	
8-	I	4.60	1.69	4.70	1.41	0.32	
9-	L	6.76	1.66	7.06	1.51	0.95	
10-	M	5.60	1.65	5.72	1.56	0.37	
11-	N	5.52	2.34	5.64	1.81	0.29	
12-	O	5.64	1.32	5.98	0.91	1.50	
13-	Q_1	6.58	1.72	6.44	1.43	0.44	
14-	Q_2	6.30	1.58	6.22	1.60	0.25	
15-	Q_3	4.92	1.70	6.02	1.62	3.31	<.01
16-	Q_4	4.82	1.80	5.66	1.22	2.73	<.01

Table No.21 - Mean sten and profile similarity co-efficient (rp) vlaue between the personality factor of normal female and female with psychosomatic disease. ($N_1 = 50$, $N_2 = 50$)

PERSONALITY FACTOR	1																
		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
NORMAL FEMALE		4.9	5.0	3.8	6.2	4.9	4.7	5.6	4.6	6.8	5.6	5.5	5.6	6.6	6.3	4.9	4.8
FEMALE WITH PSYCHOSOMATIC DISEASE		5.1	4.4	4.1	7.7	5.8	4.0	6.0	4.7	7.1	5.7	5.6	6.0	6.4	6.2	6.0	5.7
D		.2	.6	.3	1.5	.9	.7	.4	.1	.3	.1	.1	.4	.2	.1	.11	.9
D ²		.04	.36	.09	2.25	.81	.49	.16	.01	.09	.01	.01	.16	.04	.01	1.21	.81

(i) rp value for all the 16 factor = - 0.48 ($P < .01$)

(ii) rp value for factor E, F, Q₃ & Q₄ = - 0.86 ($P < .01$)

FIGURE-6 SHOWING PERSONALITY PROFILE OF NORMAL FEMALE AND FEMALE BELONGING WITHPSYCHOSOMATIC DISEASE ($N_1 = 50, N_2 = 50$)

Both the groups have an average range of mean stens from 3.82 to 7.66 which put them in the average category of stens score classification. The comparison between these two groups on the basis of mean sten, the personality profiles is presented in fig.no.6.

On the basis of the above discussion and interpretation of the results, it can be deducted that the person with psychosomatic disease are reserved, emotional, stable and sober, while the normal person have weaker super ego strength; It confirms the finding of Mortin Thomag (1996). Males suffering from psychosomatic disease are found to be emotionally stable, and over protective in nature, while the normal males are humble and accumulative, group dependent but desire guard's routes and has a weaker super ego-strength. This finding confirms the results of Molchanov, A.S.Kroutko, (1997). The psychosomatic female are more independent, impulsive and with a controlled self but are tense and frustrated.

Thus the Hypothesis No.2- "Psychosomatic diseased person are likely to have a different personality than the normal person." is accepted.

CONCLUSION :

Mean stens on personality factors (significant on 't' value and rp values) of normal and psychosomatic diseased groups, are presented in table no.22. On the basis of results revealed in table no.22. The following conclusions may be drawn.

Table No.22 Mean stens of personality factors (Significant on t value of total population and male and female with normal and psycho-somatic groups).

PERSON- -ALITY FACTOR	TOTAL POPULATION			MALE			FEMALE		
	t	NORMAL	PSYCHO- SOMATIC GROUP	t	NORMAL	PSYCHO- SOMATIC GROUP	t	NORMAL	PSYCHO- SOMATIC GROUP
A	2.29	5.13	5.59	3.47	5.40	6.1			
C	2.49	4.01	4.52	2.93	4.2	4.96			
E				2.21	6.1	5.42	4.62	6.24	7.66
F	2.03	4.8	5.24				3.22	4.92	5.80
G	3.81	4.55	3.6	3.88	4.44	3.24			
I				2.26	6.0	6.68			
Q ₂				2.50	5.96	5.2			
Q ₃							3.31	4.92	6.02
Q ₄							2.73	4.82	5.66
	(i) rp value for 16 factor = -.04, NS			(i) rp value for 16 factor = -.39 (P<.01)			(i)rp value for 16 factor = -.48 (P<.01)		
	(ii) rp value for factor A,C, F, G = -0.51 (P<.01)			(ii) rp value for factor A,C,E,G,I ,Q ₂ = -0.72 (P<.01)			(ii) rp value for factor E,F,Q ₃ ,Q ₄ = -0.86 (P<.01)		

(i) The Total Population :

Total population means one hundred normal person and one hundred person belonging to psychosomatic diseased person. Comparison on the basis of 't' test and profile similarity coefficient (rp) value following results are obtained.

(i) There are four personality factor i.e. A,C,F,G on which significant differences are obtained. The mean stens of person belonging with psychosomatic disease are higher with that of normal person on factor A, C and F (P<.05).

(ii) Normal person group have higher mean stens on personality factor 'G' (P<.01) with that of person belonging with psycho-somatic disease. On rest of the twelve personality

factors significant differences were not obtained between the two groups.

- (iii) The r_p value between the normal person and person belonging with psychosomatic disease is equals to $-.04$, which is insignificant and this indicates that there is not any relationship between the two groups.
- (iv) The factors on which 't' values were found significant i.e. A, C, F and G, the r_p value was obtained -0.51 significant at $.01$ level.

(ii) Male Population :

When male normal ($N_1=50$) and male belonging with psychosomatic disease ($N_2=50$), groups are compared. The following results were obtained.

- (i) On factors A, C and I male belonging with psychosomatic disease have higher mean sten with that of normal male. On factor A and C, the mean differences are significant at $.01$ level, while on factor I the mean differences is significant at $.05$ level.
- (ii) The normal male have higher mean stens on factor E, G and Q_2 with that of male belonging with psycho-somatic disease.
- (iii) On factor E and Q_2 the mean differences are significant at $.05$ level, while on factor G the mean difference is significant at $.01$ level.
- (iv) The r_p value for all the 16 personality factors between normal male and male belonging with psychosomatic

disease is equal to -0.39 indicates a significant inverse relationship.

- (v) On factors A,C,E,G,I and Q_2 the r_p value obtained was -0.72 ($P < .01$) also reveals inverse relationship between. The normal male and male belonging with psychosomatic disease on above mentioned six personality factors.

(iii) Female Population :

When female normal ($N_1=50$) and female belonging with psychosomatic disease ($N_2=50$) groups are compared the following results are obtained.

- (i) Female belonging with psycho-somatic disease group have higher mean sten, factor E, F, Q_3 and Q_4 ($P < .01$), with that of normal female group.
- (ii) The profile similarity co-efficient (r_p) value for all the sixteen personality factors is equals to -0.48 ($P < .01$) indicate an inverse relationship between the two groups.
- (iii) The profile similarity co-efficient (r_p) value on factors E,F, Q_3 and Q_4 are obtained -0.86 ($P < .01$), also reveals inverse relationship between normal female and female belonging with psychosomatic disease.

PART-3 : COMPARISON OF NORMAL PERSON AND PERSON WITH FUNCTIONAL DISORDER

In this section an attempt has been made to study and compare the personality of normal person and person suffering

with functional disorders on 16 personality factors. One hundred units from normal person (fifty male and fifty female) and the same number of person suffering from functional disorders (fifty male and female) were selected. All the units selected were from average socio-economic status group. This section for comparison is divided in following three subgroups :

- (i) Comparison of personality pattern of normal person and the person suffering with functional disorders.
- (ii) Comparison of personality pattern of normal male and male suffering with functional disorders.
- (iii) Comparison of personality pattern of normal female and female suffering with functional disorders.

(i) Comparison between Normal Person and Person suffering from Functional Disorders :

Table No.23 shows mean, stens standard deviations and 't' values of normal person and person suffering from functional disorders.

Table No.23 clearly show that normal persons have higher mean stens on factor C, G,H, and Q_3 with that of person suffering from functional disorders. On these factor mean difference is significant at .01 level.

The group of persons suffering from functional disorders have higher mean stens on factor F,I,M,O & Q_4 . (Significant at .01 level), E and Q_2 (Significant at .05 level) with that of

normal group person. On rest of the personality factors i.e. A,B,L,N, and Q_1 significant mean differences are not obtained.

Table No.23 Mean stens, standard deviations and 't' value on sixteen person of normal person and person with functional disorder. ($N_1=100$, $N_2=100$)

S.No.	FACTOR	NORMAL PERSON		PERSON WITH FUNCTIONAL DISORDER		t.	P
		MEAN	S.D.	MEAN	S.D.		
1.	A	5.13	1.28	5.34	1.39	1.11	
2.	B	4.39	1.84	3.99	1.64	1.62	
3.	C	4.01	1.38	3.18	1.40	4.22	<.01
4.	E	6.17	1.50	6.72	1.72	2.41	<.05
5.	F	4.80	1.40	5.81	1.33	5.23	<.01
6.	G	4.55	1.77	3.68	1.55	3.70	<.01
7	H	5.57	1.15	4.44	1.51	5.95	<.01
8.	I	5.30	1.70	6.20	1.82	3.61	<.01
9.	L	6.62	1.67	6.42	1.62	0.86	
10.	M	5.73	1.64	6.31	1.27	2.80	<.01
11.	N	5.11	2.04	4.94	1.72	0.64	
12.	O	6.16	1.36	7.33	1.46	5.86	<.01
13.	Q_1	6.54	1.56	6.58	1.72	0.17	
14.	Q_2	6.13	1.44	6.62	1.69	2.21	<.05
15.	Q_3	4.93	1.65	4.31	1.59	2.71	<.01
16.	Q_4	5.48	1.71	6.61	1.67	4.73	<.01

Tabel No.24 - Mean stens and profile similarity co-efficient (rp) value between the personality factor normal person and person with functional disorders. (N₁ = 100, N₂ = 100)

PERSONALITY FACTOR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A B C E F G H I L M N O Q ₁ Q ₂ Q ₃ Q ₄																	
NORMAL PERSON		5.1	4.4	4.0	6.2	4.8	4.6	5.6	5.3	6.6	5.7	5.1	6.2	6.5	6.1	4.9	5.5
PERSON WITH FUNCTIONAL DISORDERS		5.3	4.0	3.2	6.7	5.8	3.7	4.4	6.2	6.4	6.3	4.9	7.3	6.6	6.6	4.3	6.6
D		.2	.4	.8	.5	1.	.9	1.2	.9	.2	.6	.2	1.1	.1	.5	.6	1.1
D ²		.04	.16	.64	.25	1.0	.81	1.44	.81	.04	.36	.04	1.21	.01	.25	.36	1.21

(i) rp value for all the 16 factor = - 0.58 (P<.01)

(ii) rp value for factor C,E,F,G,H,I,M,O,Q₂,Q₃ and Q₄ = - 0.70 (P<.01)

FIGURE -7 **SHOWING PERSONALITY PROFILE OF NORMAL PERSON AND PERSON SUFFERING WITH**

FUNCTIONAL DISORDER ($N_1 = 100, N_2 = 100$)

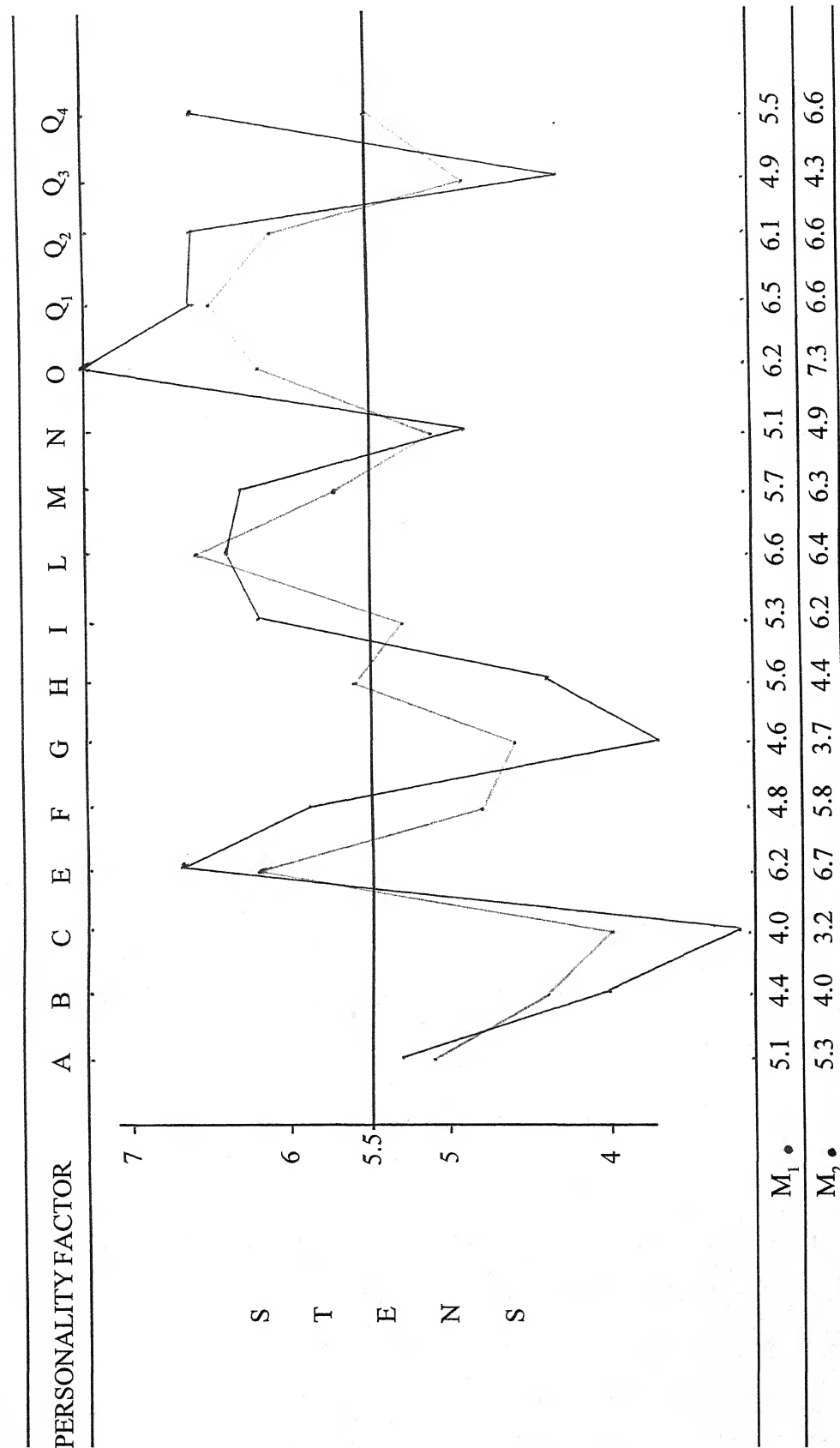


Table No.24 shows relationship between the person of normal group and person suffering from functional disorder. The profile similarity co-efficient (rp) value is equals to -0.58 which is significant at .01 level. The rp value reveals that both the groups i.e. normal person and person suffering from functional disorder have a high dissimilarity as far as the 16 personality factors are concerned. But when both the group are compared on the basis of 11 Factors (C,E,F,G,H,I,M,O,Q₂,Q₃ and Q₄) on which 't' value was found significant the (rp) value was obtained equals to -0.70 ($P>.01$) indicats again a high dissimilarity as far as the 11 personality factors are concerned.

Both the groups have a range of mean-stens in between 4.01 to 7.33, this range is in the average category of sten score classification. But only, on factor O the persons belonging to functional disorder group have higher mean-stens (7.33) than average category of sten score. The comparison between these two groups of mean stens is presented in fig.no.7.

(ii) Comparison between Normal Male and Male suffering from Functional Disorders :

Table No.25 shows the mean-stens, standard deviations and 't' values between the normal male and male suffering from functional disorders. Significant 't' values were obtained, an seven personality factors i.e. A,C,F,G,H,I and O. On factor C,G & H the normal male group have higher mean-stens (significant at

.01 level) than that of males of functional disorders group. On the other hand the male group of functional disorder group have significantly higher mean-sen on factor A, and F ($P < .05$), I & O, ($P < .01$), then that of normal male group.

Table No.25 Mean sen, standard deviation and 't' value on 16 personality factor of normal male and male with functional disorder. $N_1=50, N_2=50$

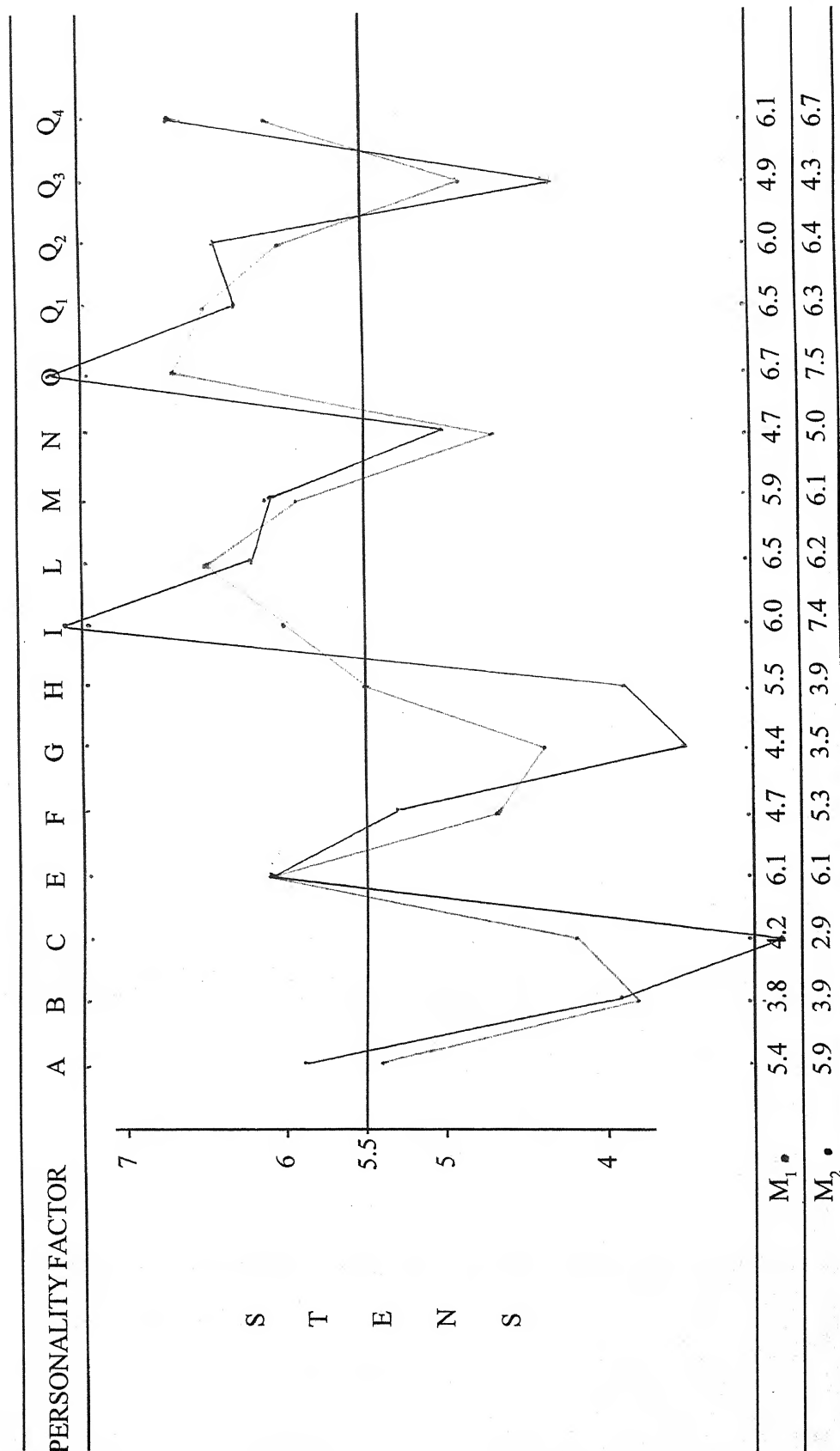
S.No.	FACTOR	NORMAL MALE		MALE WITH FUNCTIONAL DISORDER		t.	P
		MEAN	S.D.	MEAN	S.D.		
1.	A	5.40	.80	5.90	1.24	2.40	<.05
2.	B	3.84	1.65	3.88	1.76	0.12	
3.	C	4.20	1.21	2.94	1.42	4.78	<.01
4.	E	6.10	1.55	6.08	1.78	0.06	
5.	F	4.68	1.40	5.34	1.30	2.44	<.05
6.	G	4.44	1.51	3.48	1.63	3.06	<.01
7.	H	5.50	0.93	3.92	1.60	6.04	<.01
8.	I	6.00	1.42	7.40	1.32	5.11	<.01
9.	L	6.48	1.69	6.20	1.87	0.79	
10.	M	5.86	1.64	6.10	1.52	0.76	
11.	N	4.70	1.60	4.96	1.91	0.74	
12.	O	6.68	1.21	7.54	1.47	3.19	<.01
13.	Q ₁	6.50	1.40	6.32	1.83	0.55	
14.	Q ₂	5.96	1.27	6.38	1.86	1.32	
15.	Q ₃	4.94	1.62	4.30	1.88	1.82	
16.	Q ₄	6.14	1.34	6.68	1.65	1.80	

Table No.26 - Mean stens and profile similarity co-efficient (rp) value between the personality factor of normal male and male with functional disorders. ($N_1 = 50$, $N_2 = 50$)

PERSONALITY FACTOR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
NORMAL MALE		5.4	3.8	4.2	6.1	4.7	4.4	5.5	6.0	6.5	5.9	4.7	6.7	6.5	6.0	4.9	6.1
MALE WITH FUNCTIONAL DISORDERS		5.9	3.9	2.9	6.1	5.3	3.5	3.9	7.4	6.2	6.1	5.0	7.5	6.3	6.4	4.3	6.7
D		.5	.1	1.3	0	.6	.9	1.6	1.4	.3	.2	.3	.8	.2	.4	.6	.6
D ²		.25	.01	1.69	0	.36	.81	2.56	1.96	.09	-.04	.09	.64	.04	.16	.36	.36

- (i) rp value for all the 16 factor = - 0.61 ($P < .01$)
- (ii) rp value for factor A, C, F, G, H, I & O = - 0.81 ($P < .01$)

FIGURE - 8 **SHOWING PERSONALITY PROFILE OF NORMAL MALE AND MALE SUFFERING WITH FUNCTIONAL DISORDER ($N_1 = 50, N_2 = 50$)**



Mean-stens and profile similarity co-efficient (rp) value between the personality factor of normal male and male with functional disorder have been presented in table no.26. The (rp) value - 0.61 ($P < .01$) indicates that both the groups under study have a great dissimilarity as far as all the sixteen personality factors are concerned. But when both the group are compared for seven personality factors (A,C,F,G,H,I and O) on which 't' values were found significant, the rp value obtained was -0.81, significant at .01 level. Thus the rp values indicate that normal person and person suffering from functional disorders have a significant differences on all the sixteen personality factor, as well as seven personality factors (A,C,F,G,H,I,&O) also.

Both the Groups i.e. the normal male, and the male suffering from functional disorders have a range of mean sten between 2.94 to 7.54. This range of mean-sten puts, both the groups in the average category of sten-score classification. But on factor I and O the male group of functional disorders have higher mean-sten (7.4 and 7.54) than the of average category. The comparison between these two groups on the basis of mean-stens personality profile fig.no.8 it may be immediately seen that the two types of the groups have different personality patterns.

(iii) Comparison between Normal Female and Female suffering from Functional Disorders :

The mean-stens and standard deviations and 't' values

of normal female group and female with functional disorders are presented in table no.27. The result reveals that females of functional disorders group have comparatively higher mean stens on factor E,F,M,O, and Q_4 , ($P<.01$) with that of normal female group.

Table No.27 Mean sten, standard deviation and 't' value on 16 personality factor of normal female and female with functional disorder. $N_1=50, N_2=50$

S.No.	FACTOR	NORMAL FEMALE		FEMALE WITH FUNCTIONAL DISORDER		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	4.86	1.59	4.78	1.31	0.27	
2-	B	4.94	1.86	4.10	1.52	2.47	<.05
3-	C	3.82	1.53	3.42	1.35	1.39	
4-	E	6.24	1.46	7.36	1.42	3.89	<.01
5-	F	4.92	1.41	6.28	1.19	5.21	<.01
6-	G	4.66	2.00	3.88	1.46	2.23	<.05
7-	H	5.64	1.35	4.96	1.22	2.64	<.01
8-	I	4.60	1.69	5.00	1.42	1.28	
9-	L	6.76	1.66	6.64	1.32	0.40	
10-	M	5.60	1.65	6.52	.93	3.43	<.01
11-	N	5.52	2.34	4.92	1.52	1.52	
12-	O	5.64	1.32	7.12	1.43	5.38	<.01
13-	Q_1	6.58	1.72	6.84	1.58	0.79	
14-	Q_2	6.30	1.58	6.86	1.49	1.82	
15-	Q_3	4.92	1.70	4.32	1.25	2.01	<.05
16-	Q_4	4.82	1.80	6.54	1.70	4.91	<.01

(108)

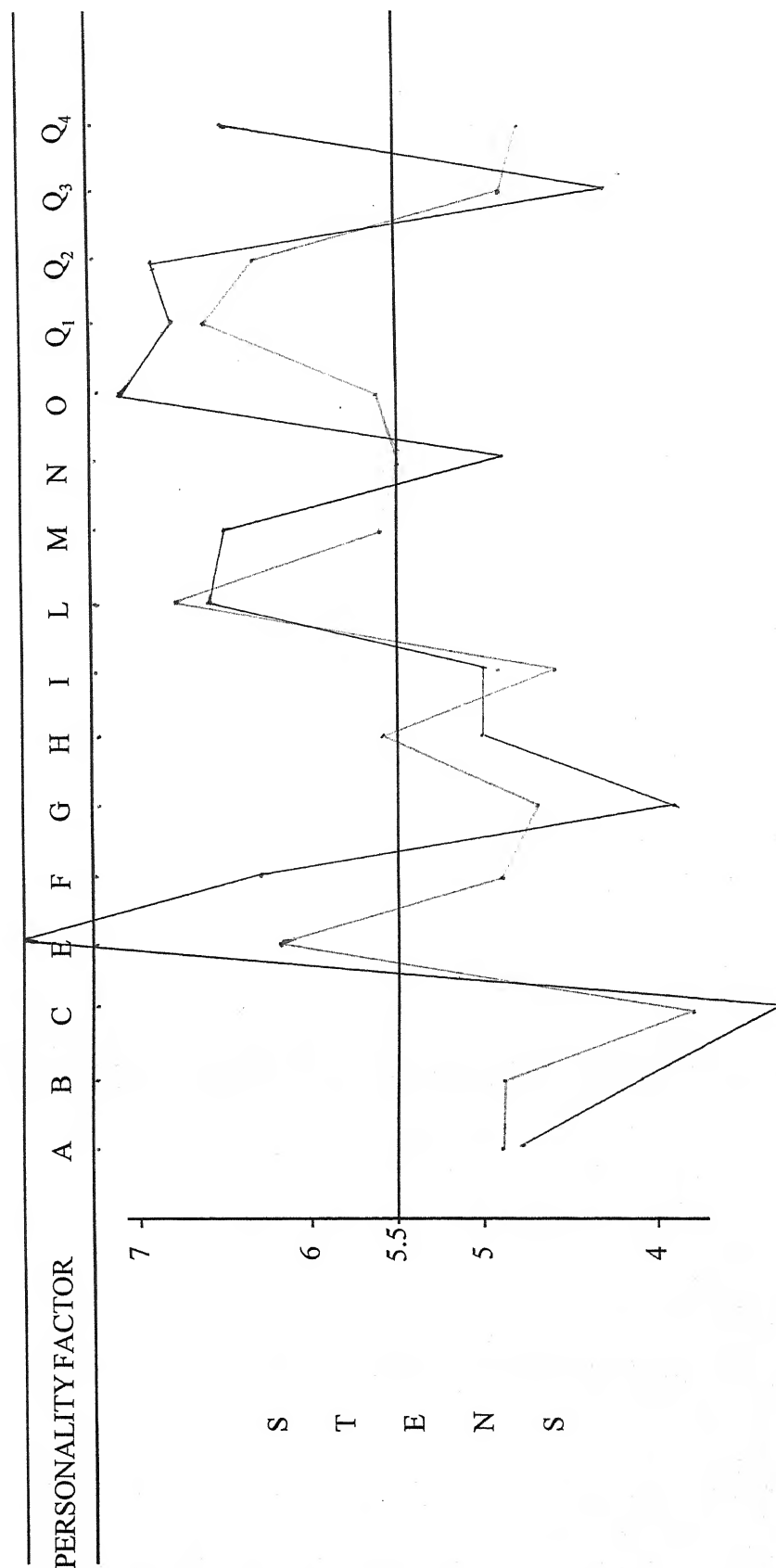
Table No.28 - Mean stens and profile similarity co-efficient (rp) value between the personality factor of normal female and female with functional disorders. (N₁ = 50, N₂ = 50)

PERSONALITY FACTOR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
NORMAL FEMALE		4.9	4.9	3.8	6.2	4.9	4.7	5.6	4.6	6.8	5.6	5.5	5.6	6.6	6.3	4.9	4.8
FEMALE WITH FUNCTIONAL DISORDERS		4.8	4.1	3.4	7.4	6.3	3.9	5.0	5.0	6.6	6.5	4.9	7.1	6.8	6.9	4.3	6.5
D		.1	.8	.4	1.2	1.4	.8	.6	.4	.2	.9	.6	1.5	.2	.6	.6	1.7
D ²		.01	.64	.16	1.44	1.96	.64	.36	.16	.04	.81	.36	2.25	.04	.36	.36	2.89

(i) rp value for all the 16 factor = - 0.69 (P<.01)

(ii) rp value for factor B,E,F,G,H,M,I,O,Q₃ & Q₄ = - 0.81 (P<.01)

FIGURE - 9 **SHOWING PERSONALITY PROFILE OF NORMAL FEMALE AND FEMALE SUFFERING WITH FUNCTIONAL DISORDER ($N_1 = 50, N_2 = 50$)**



M_1	4.9	4.9	3.8	6.2	4.9	4.7	5.6	4.6	6.8	5.6	5.5	5.6	6.6	6.3	4.9	4.8
M_2	4.8	4.1	3.4	7.4	6.3	3.9	5.0	5.0	6.6	6.5	4.9	7.1	6.8	6.9	4.3	6.5

On the other hand, the females of normal group have significantly higher mean-scores on factor B,G,H and Q_3 ($P < .05$) than that of female of functional disorders, while on factor H, the mean difference is significant at .01 level.

Table No.28 reveals mean-scores and profile similarity co-efficient (rp) value between the personality factor of normal female group and female of functional disorder group. The profile similarity co-efficient (rp) value -0.69 is significant at .01 level. The (rp) value reveals that both the groups i.e. normal female group and female of functional disorders groups are highly dissimilar, as far as the sixteen personality factors are concerned.

There are nine personality factors i.e. B,E,F,G,H,M,O, Q_3 and Q_4 on which both the groups have significant mean differences. The profile similarity coefficient (rp) value on these nine personality factors were obtained as -0.81 ($P < .01$). The rp value -0.81 reveals that both the groups have an inverse relationship on personality factors B,E,F,G,H,M,O, Q_3 and Q_4 .

The normal female group have a range of mean-scores from 3.82 to 6.76, while the functional female group have a range of mean-scores in between 3.42 to 7.36. This range of mean-scores put both the groups under the average category of sten-score classification, but on factor E female of functional disorder group have a mean-score of 7.36, which is higher than the average category of sten score classification.

The comparison between these two groups on the basis of mean-scores the personality profile is presented in fig.no.9. It

may be immediately seen from fig.no.9 that both groups have different personality pattern.

The person suffering from functional disorders are emotionally much more stable with weaker super-ego strength, and tender-minded, and also Imaginative, depressive and tense, over protected, with introwart personality pattern.

Male suffering from functional disorders are more emotional, with weaker super ego strength, sensitive, depressive and introwart personality. Females suffering from functional disorders are less intelligent, realistic, more aggressive weaker super ego strength, depressive, and tense, in personality pattern. In functional disorders patients, Chopra (1988) found depressive symptoms in most cases of psychatic patients, Miyaoka (1996) found depressive symptoms and lower score of extroversion, while Hueston found the symptoms of lower level of satisfaction with care and alcoholic and dependent.

"Thus the Hypothesis No.3- "Person suffering from functional disorders are likely to differ in their personality structure than the normal person" is accepted.

CONCLUSION :

Mean stens on personality factors (significant on 't' value) and (rp) values of normal and functional disorder groups ,are presented in table no.29. On the basis of results revealed in table no.29. The following conclusions may be drawn.

Table No.29 Mean stens of personality factors (Significant on 't' value) of total population and male and female belonging to normal and functional groups.

PERSON- -ALITY FACTOR	TOTAL POPULATION			MALE			FEMALE		
	t	NORMAL	FUNCTIONAL DISORDER GROUP	t	NORMAL	FUNCTIONAL DISORDER GROUP	t	NORMAL	FUNCTIONAL DISORDER GROUP
A				2.40	5.40	5.9			
B							2.47	4.94	4.10
C	4.22	4.01	3.18	4.78	4.2	2.94			
E	2.41	6.17	6.72				3.89	6.24	7.36
F	5.23	4.8	5.81	2.44	4.68	5.34	5.21	4.92	6.28
G	3.70	4.55	3.68	3.06	4.44	3.48	2.23	4.66	3.88
H.	5.95	5.57	4.44	6.04	5.5	3.92	2.64	5.64	4.96
I	3.61	5.3	6.2	5.12	6.00	7.4			
M	2.80	5.73	6.31				3.43	5.60	6.52
O	5.86	6.16	7.33	3.19	6.68	7.54	5.38	5.64	7.12
Q ₂	2.21	6.13	6.62						
Q ₃	2.71	4.93	4.31				2.01	4.92	4.32
Q ₄	4.73	5.48	6.61				4.91	4.82	6.54
(i)	rp value for 16 factor = -0.58 (P<.01)			rp value for 16 factor = -0.61 (P<.01)			rp value for 16 factor = -0.69 (P<.01)		
(ii)	rp value for factor C,E,F,G,H,I,M, O,Q ₂ ,Q ₃ & Q ₄ = -0.70 (P<.01)			rp value for factor A,C,F,G,H, I & O = -0.81 (P<.01)			rp value for factor B,E,F,G,H, M,O, Q ₃ & Q ₄ = -0.81(P<.01)		

(i) The Total Population :

Total population mean, one hundred normal person and one hundred person suffering with functional disorders. The comparison was done on the basis of 't' test and profile similarity co-efficient (rp) value. The following results are obtained.

- (i) Normal person have a higher mean stens on personality factor C,G,H and Q₃, with that of person suffering with functional disorders, significant at .01 level.
- (ii) Person suffering with functional disorders have a higher mean stens on personality factor F,I,M,O and Q₄ with that of normal person, significant at .01 level.

- (iii) The person suffering with functional disorders have a higher mean sten on personality factor E and Q_2 with that of normal person, significant at .05 level.
- (iv) The rp values for all the sixteen personality factors between normal person group and person suffering with functional disorders group is equals to -0.58 ($P < .01$) indicats a significant inverse relationship.
- (v) On which 't' value was significant (C,E,F,G,H,I,M,O, Q_2 , Q_3 and Q_4) rp value was obtained -0.70. It is also significant at .01.

(ii) Male Population :

When normal male ($N_1=50$) and male suffering with functional disorders ($N_2=50$) groups are compared the follows results were obtained.

- (i) Normal male group have a higher mean stens on personality factors C,G, & H ($P < .01$) with that of the male suffering with functional disorders,
- (ii) Male suffering with functional disorders have a higher mean stens on personality factor I and O ($P < .01$) with that of normal male group.
- (iii) Male suffering from functional disorders have a higher mean stens on personality factor A and F ($P < .05$) with that of normal male group.
- (iv) The rp value for all the sixteen personality factors between normal male and male suffering with functional

disorders is equals to -0.61 ($P < .01$) indicated and inverse relationship.

- (v) The factors A,C,F,G,H,I,O on which 't' value was significant the r_p value obtained was -0.81 ($P < .01$). This also reveals inverse relationship between both the group with regards the personality factors i.e. A,C,F,G,H,I & O.

(iii) Female Population :

When normal female group ($N_1=50$) and female suffering with functional disorders ($N_2=50$) groups are compared the follows results were obtained.

- (i) Normal female group have a higher mean sten on personality factor H with that of male suffering with functional disorders significant at .01 level respectively.
- (ii) Female suffering with functional disorders have a higher mean sten on personality factors E,F,M,O, Q_4 ($P < .01$) B,G and Q_3 ($P < .05$) with that of normal female group.
- (iii) The r_p value for all the sixteen personality factor between normal female group and female suffering with functional disorders is equals to -0.69 ($P < .01$) indicated and inverse relationship between both the groups.
- (iv) The factors on which 't' value was significant (B,E,F,G,H,M,O, Q_3 & Q_4) the r_p value obtained was -0.81 ($P < .01$), it also reveals an inverse relationship between the normal female and female with functional disorders.

PART-4 : COMPARISON OF PERSONS WITH SOMATIC ILLNESS AND PSYCHOSOMATIC DISEASE

In this section an attempt has been made to study and compare the personality pattern of person with somatic illness and person suffering with psychosomatic disease. For this purpose this section has been described in the following three full groups.

- (i) Comparison of personality pattern of persons with somatic illness and person suffering from pschosomatic diseases.
- (ii) Comparison of personality pattern of male with somatic illness and male with psycho-somatic diseases.
- (iii) Comparison of personality pattern of female with somatic illness and females with psycho-somatic diseases.

(i) Comparison between the Person with Somatic Illness and Person suffering from Psychosomatic Disease :

Mean stens and standard deviations of the person suffering from somatic illness and person with psychosomatic diseases are presented in table no.30. Results reveal that both the groups have significant differences on factor G and Q_4 . On factor 'G' the person with somatic illness have higher mean stens than the person belonging to the group of psychosomatic diseases. The 't' values are significant at .05 level. On the other hand the group of psychosomatic diseases have higher mean stens on factor Q_4 than that of the person with somatic illness. The 't' value is

significant at .01 level. There were not any significant difference between the groups of person suffering from somatic illness and persons of psychosomatic disease on rest the 14 personality factors i.e. A,B,C,E,F,H,I,L,M,N,O,Q₁,Q₂ & Q₃. This shows that the two group are approximately alike in their personality pattern.

Table No.30 Mean stens standard deviation and 't' values on 16 personality factor of person suffering with somatic illness and person suffering with psychosomatic disease.(N₁=100,N₂=100)

S.No.	FACTOR	PERSON WITH SOMATIC ILLNESS		PERSON WITH PSYCHOSOMATIC DISEASES		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	5.25	1.46	5.59	1.55	1.60	<.05
2-	B	4.49	1.73	4.12	1.64	1.55	
3-	C	4.33	1.35	4.52	1.51	0.94	
4-	E	6.12	1.78	6.54	1.93	1.60	
5-	F	4.85	1.55	5.24	1.65	1.72	
6-	G	4.25	1.95	3.60	1.76	2.47	
7-	H	5.60	1.09	5.56	1.22	0.24	
8-	I	5.43	1.92	5.69	1.79	0.99	
9-	L	6.73	1.48	6.90	1.60	0.78	
10-	M	5.95	1.51	5.66	1.81	1.23	
11-	N	5.17	1.74	5.44	1.70	1.11	
12-	O	6.29	1.31	6.17	1.04	0.72	
13-	Q ₁	6.80	1.78	6.62	1.61	0.75	
14-	Q ₂	6.03	1.41	5.71	1.74	1.43	
15-	Q ₃	5.00	1.69	5.22	1.76	0.90	
16-	Q ₄	5.07	1.52	5.73	1.11	3.51	<.01

(117)

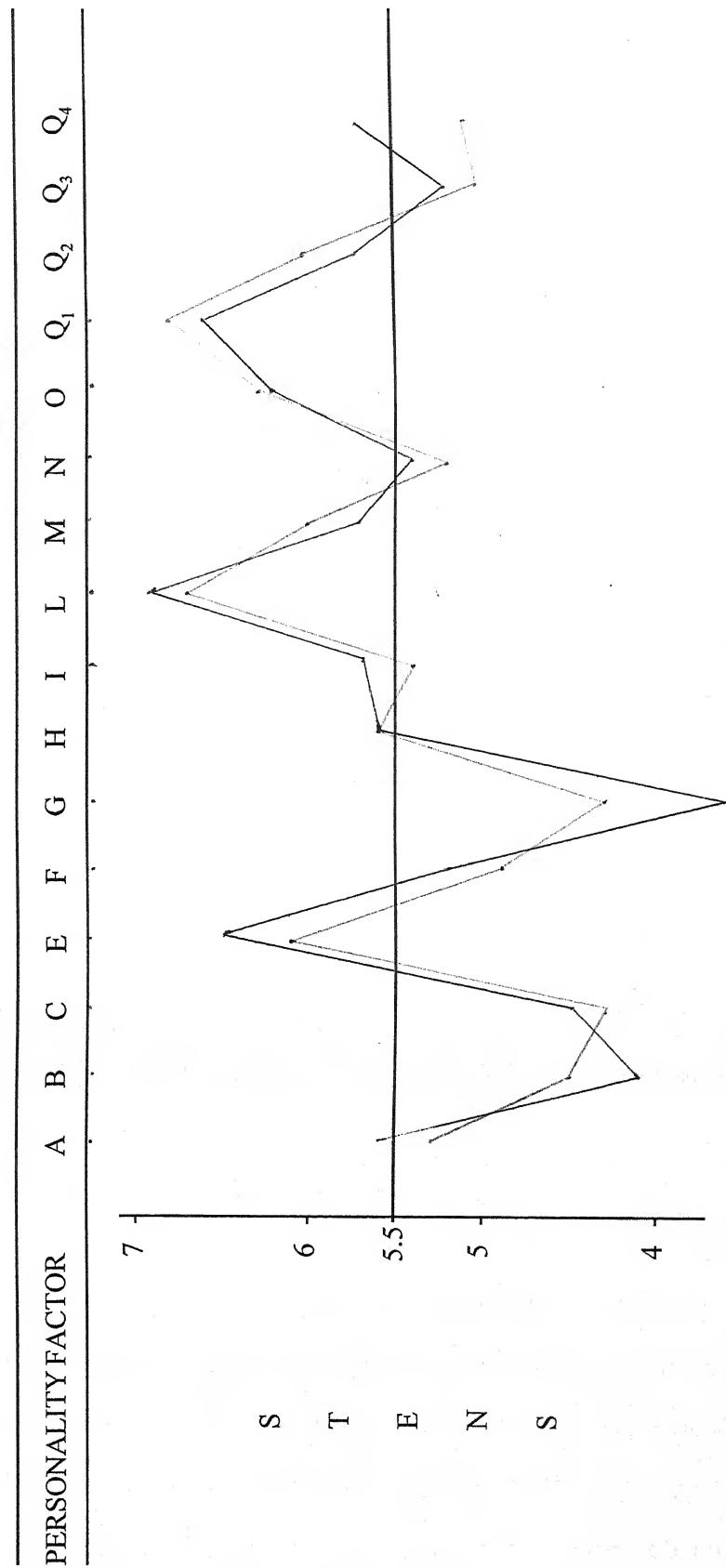
Table No.31 - Mean stens and profile similarity co-efficient (rp) value between the personality factor of person with somatic illness and person with psychosomatic disease. (N₁ = 100, N₂ = 100)

PERSONALITY FACTOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A B C E F G H I L M N O Q ₁ Q ₂ Q ₃ Q ₄																
PERSON WITH SOMATIC ILLNESS	5.3	4.5	4.3	6.1	4.9	4.3	5.6	5.4	6.7	6.0	5.2	6.3	6.8	6.0	5.0	5.1
PERSON WITH PSYCHOSOMATIC DISEASE	5.6	4.1	4.5	6.5	5.2	3.6	5.6	5.7	6.9	5.7	5.4	6.2	6.6	5.7	5.2	5.7
D	.3	.4	.2	.4	.3	.7	0	.3	.2	.3	.2	.1	.2	.3	.2	.6
D ²	.09	.16	.04	.16	.09	.49	0	.09	.04	.09	.04	.01	.04	.09	.04	.36

(i) rp value for all the 16 factor = 0.11 (N.S.)

(ii) rp value for factor G & Q₄ = - 0.59 (N.S.)

FIGURE - 10 SHOWING PERSONALITY PROFILE OF PERSON WITH SOMATIC ILLNESS AND PERSON WITH PSYCHOSOMATIC DISEASE ($N_1 = 100, N_2 = 100$)



$M_1 \bullet$ 5.3 4.5 4.3 6.1 4.9 4.3 5.6 5.4 6.7 6.0 5.2 6.3 6.8 6.0 5.0 5.1

$M_2 \bullet$ 5.6 4.1 4.5 6.5 5.2 3.6 5.6 5.7 6.9 5.7 5.4 6.2 6.6 5.7 5.2 5.7

In Table No.31 mean stens and profile similarity coefficient (rp) value (between the persons with somatic illness and psychosomatic disease group) have been presented.

The profile similarity Co-efficient (rp) value is equal to 0.11 which is insignificant, indicating similarity of personality pattern between both the groups as far as all the 16 personality factors are concerned.

The rp value for factor G and Q_4 (significant on 't' test) was obtained -.59 which is also not significant.

Both the groups have a range of mean sten from 4.25 to 6.9. This range put them under the average category of sten score classification. The comparison between these group on the basis of mean stens, personality profile is presented in fig.no.10. It may be immediately seen from fig.no.10. That both the groups have approximately the same mean stens i.e. in between 4.25 to 6.90. The only vast significant differences are clearly visible on factor Q_4 ($P < .01$) & factor 'G' ($P < .05$) between the person of somatic illness & psycho-somatic diseased person.

(ii) Comparison between the Male with Somatic Illness and Male with Psychosomatic Disease :

Mean-stens and standard deviations and 't' value of the male suffering from somatic illness or psychosomatic diseases are presented table no.32. The male population suffering from psychosomatic disease have higher mean stens on factor 'C' with that of their counter parts i.e.. The male population suffering from somatic illness.

The 't' value is significant at .01 level. On the other hand male population suffering from somatic illness have higher mean stens on personality factors i.e. G,H&Q₂ with that of male population suffering from psychosomatic disease. On factor G,Q₂ the 't' value is significant at .01 level while on factor H the 't' value was found significant at .05 level. On rest of the twelve personality factors i.e. A,B,E,F,I,L,M,N,O,Q₁,Q₃ & Q₄ there was not any significant difference at any level between both the groups.

Table No.32 Mean sten, standard deviation and 't' value on 16 personality factor of male suffering with somatic illness and male suffering with psychosomatic disease.(N₁=50, N₂=50)

S.No.	FACTOR	MALE WITH SOMATIC ILLNESS		MALE WITH PSYCHOSOMATIC DISEASE		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	5.98	1.09	6.10	1.18	0.53	
2-	B	4.10	1.94	3.84	1.55	0.74	
3-	C	4.26	1.27	4.96	1.38	2.64	<.01
4-	E	5.66	1.91	5.42	1.53	0.69	
5-	F	4.36	1.33	4.68	1.76	1.03	
6-	G	4.34	2.07	3.24	1.58	2.99	<.01
7-	H	5.58	0.94	5.16	0.97	2.20	<.05
8-	I	6.68	1.34	6.68	1.58	0.00	
9-	L	6.80	1.62	6.74	1.68	0.18	
10-	M	5.68	1.53	5.60	2.05	0.22	
11-	N	5.22	1.95	5.24	1.58	0.06	
12-	O	6.00	1.08	6.36	1.13	1.63	
13-	Q ₁	6.66	1.94	6.80	1.77	0.38	
14-	Q ₂	6.06	1.59	5.20	1.73	2.59	<.01
15-	Q ₃	4.76	1.67	4.42	1.52	1.06	
16-	Q ₄	5.46	1.35	5.80	1.01	1.43	

Table No.33 - Mean stens and profile similarity co-efficietn (rp) value between the personality factor of male with somatic illness and male with psycho-somatic disease. ($N_1 = 50, N_2 = 50$)

PERSONALITY FACTOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
MALE WITH SOMATIC ILLNESS	6.0	4.1	4.3	5.7	4.4	4.3	5.6	6.7	6.8	5.7	5.2	6.0	6.7	6.1	4.8	5.5
MALE WITH PSYCHOSOMATIC DISEASE	6.1	3.8	5.0	5.4	4.7	3.2	5.2	6.7	6.7	5.6	5.2	6.4	6.8	5.2	4.4	5.8
D	.1	.3	.7	.3	.3	1.1	.4	0	.1	.1	0	.4	.1	.9	.4	.3
D ²	.01	.09	.49	.09	.09	1.21	.16	0	.01	.01	0	.16	.01	.81	.16	.09

(i) rp value for all the 16 factor = - 0.19 (N.S.)

(ii) rp value for factor C,G,H & Q₂ = - 0.75 (P<.01)

FIGURE - 11 SHOWING PERSONALITY PROFILE OF MALE WITH SOMATIC ILLNESS AND MALE WITH PSYCHOSOMATIC DISEASE ($N_1 = 50, N_2 = 50$)

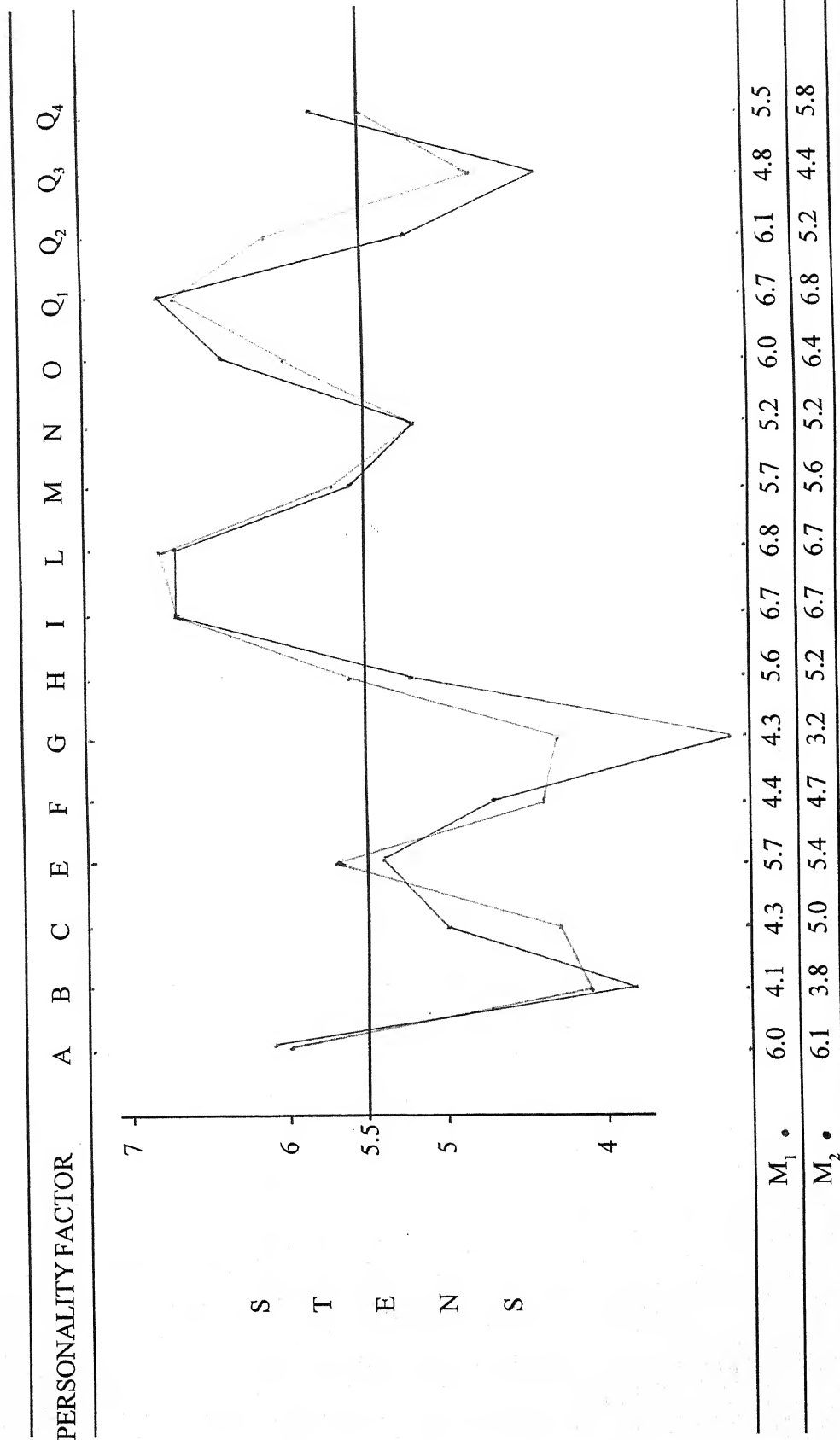


Table No.33 Results reveal mean-stens and profile similarity co-efficient (rp) value between the personality factors of male population with somatic illness and psychosomatic diseases. On all the 16 personality factors the profile similarity co-efficient (rp) value obtained was -0.19, which is not significant at any level. It mean that both the groups are similar in their personality pattern, as far as sixteen personality factors are concerned. On the factors C,G,H and Q_2 significant 't' value was obtained. The profile similarity co-efficient (rp) value computed for these four personality factors for the two groups was obtained -0.75 ($P<.01$), reveals an inverse relationship between two groups as for as the personality factors C,G,H and Q_2 are concerned.

Both the groups have mean stens in between 4.10 to 6.80. This range put them under the average category of sten score classification. The comparison between these groups on the basis of mean-stens classification, personality profile is presented in fig.no.11. It may be immediately seen from fig.no.11 that both the groups have an average range of mean stens. But on four personality factors C,G,H and Q_2 . The mean stens difference are much wider between the two groups.

(iii) Comparison between the Female with Somatic Illness and Female with Psychosomatic Disease :

Mean-stens, standard deviations and 't' values between the female with somatic illness and female with psychosomatic diseased group are presented in table no.34. It may be observed from

table no.34, that significant differences are found between the two groups on factors E,O,Q₃ and Q₄. The 't' values are significant at .01 level for factor E and Q₄ while for factor O and Q₃, significant at .05 level.

Table no.34 Mean stens, standard deviation and 't' value on sixteen personality factor of female with somatic illness and female with psychosomatic disease (N₁=50,N₂=50).

S.No.	FACTOR	FEMALE WITH SOMATIC ILLNESS		FEMALE WITH PSYCHOSOMATIC DISEASE		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	4.52	1.43	5.08	1.72	1.77	<.01
2-	B	4.88	1.40	4.44	1.70	1.41	
3-	C	4.40	1.44	4.08	1.52	1.08	
4-	E	6.58	1.53	7.66	1.61	3.44	
5-	F	5.34	1.62	5.80	1.32	1.56	
6-	G	4.16	1.83	3.96	1.88	0.54	
7-	H	5.62	1.22	5.96	1.32	1.34	
8-	I	4.18	1.58	4.70	1.41	1.74	
9-	L	6.66	1.33	7.06	1.51	1.41	
10-	M	6.22	1.46	5.72	1.56	1.65	<.05
11-	N	5.12	1.53	5.64	1.81	1.55	
12-	O	6.58	1.45	5.98	0.91	2.48	
13-	Q ₁	6.94	1.62	6.44	1.43	1.64	<.05
14-	Q ₂	6.00	1.22	6.22	1.60	0.77	
15-	Q ₃	5.24	1.69	6.02	1.62	2.36	
16-	Q ₄	4.68	1.59	5.66	1.22	3.46	<.01

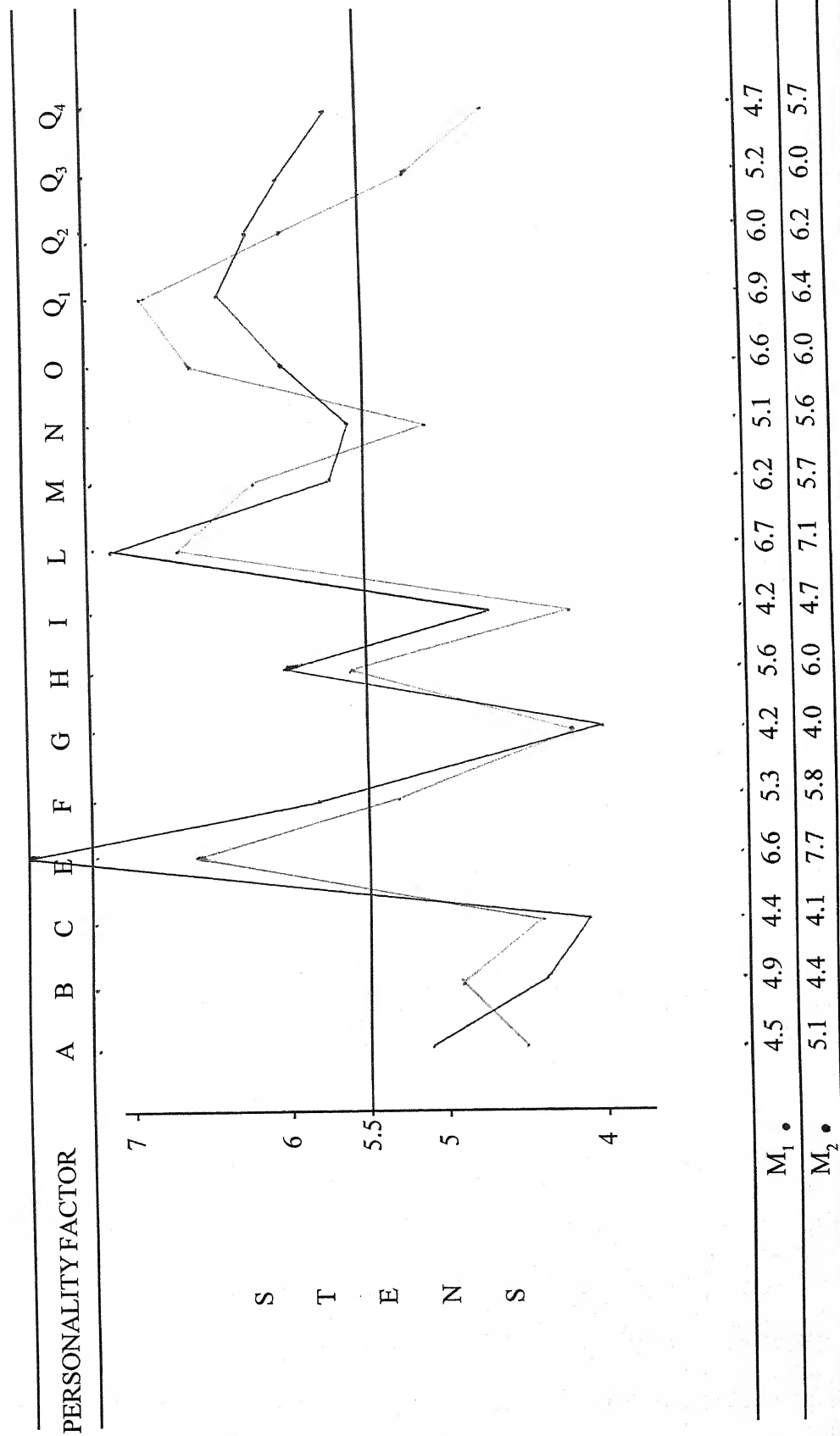
Table No.35 - Mean stens and profile co-efficient (rp) value between the personality factor of female with somatic illness and female with psychosomatic disease. ($N_1 = 50$, $N_2 = 50$)

PERSONALITY FACTOR																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄	
FEMALE WITH SOMATIC ILLNESS																
4.5	4.9	4.4	4.4	6.6	5.3	4.2	5.6	4.2	6.7	6.2	5.1	6.6	6.9	6.0	5.2	4.7
FEMALE WITH PSYCHOSOMATIC DISEASE																
5.1	4.4	4.1	7.7	5.8	4.0	6.0	4.7	7.1	5.7	5.6	6.0	6.4	6.2	6.0	5.7	
D																
.6	.5	.3	1.1	.5	.2	.4	.5	.4	.5	.5	.6	.5	.2	.8	.1	
D ²																
.36	.25	.09	1.21	.25	.04	.16	.25	.16	.25	.25	.36	.25	.04	.64	.1	

(i) rp value for all the 16 factor = - 0.42 ($P < .01$)

(ii) rp value for factor E, O, Q₃ & Q₄ = - 0.79 ($P < .01$)

FIGURE - 12 SHOWING PERSONALITY PROFILE OF FEMALE WITH SOMATIC ILLNESS AND FEMALE WITH PSYCHOSOMATIC DISEASE ($N_1 = 50, N_2 = 50$)



The female with somatic illness have significant higher mean stens on factor O with that of their counterparts i.e. female with psychosomatic disease. The t value obtained was 2.36 significant at .05 level. On the other hand, on factor E, Q₃ and Q₄ female with psychosomatic disease have significant higher mean-stens with their counterparts.

On rest of the 12 personality factors i.e. A, B, C, F, G, H, I, L, M, N, Q₁ and Q₂. There were not any significant difference at any level between both the groups.

Table No.35 Results reveal mean-stens and profile similarity co-efficient (rp) value between the female with somatic illness and female belonging with psycho-somatic diseases. On all the 16 personality factors the profile similarity co-efficient (rp) value obtained was -0.42 ($P < .01$). This reveals that both the groups are in their personality pattern dissimilar as far as all the sixteen personality factors are concerned.

On factor E, O, Q₃ and Q₄ significant 't' value was obtained, for these personality factors for the two groups, the profile similarity co-efficient (rp) value -0.79 ($P < .01$) was obtained. It reveals dissimilarity of personality pattern between the two groups as far as the four personality factors are concerned.

Both the groups have an average range of mean-stens from 4.16 to 7.66. Which put them in the average category of sten score classification. The comparison between these two

groups, on the basis of mean stens, the personality profile is presented in fig.no.12. It can be seen from fig.no.12 that on factors E,O, Q_3 and Q_4 the mean sten differences are much wider between both the groups.

On the basis of the above discussion and interpretation it can be described that the male with somatic illness are much emotionally stable, socially bold and self-sufficient, while on the other hand the males with psycho-somatic disease have a weaker superego strength, and therefore they are also group dependent. On the other hand female with psychosomatic disease are much aggressive, controlled, socially precise and tense, while the female with somatic illness are worn and depressive.

Thus the Hypothesis No.4- "Psychosomatic disease person are likely to be different in their personality structure than the person suffering from somatic illness group" is accepted.

CONCLUSION :

Mean stens on personality factors (significant on 't' value) and rp values between the two these groups are presented in table no.36. On the basis of results revealed in table no.36 the following conclusions may be drawn.

Table No.36 Mean stens of personality factor (Significant on 't' values) of total population and male and female belonging to somatic and psycho-somatic groups.

PERSON- -ALITY FACTOR	TOTAL POPULATION			MALE			FEMALE		
	t	SOMATIC ILLNESS GROUP	PSYCHO- SOMATIC GROUP	t	SOMATIC ILLNESS GROUP	PSYCHO- SOMATIC GROUP	t	SOMATIC ILLNESS GROUP	PSYCHO- SOMATIC GROUP
C				2.64	4.26	4.96			
E							3.44	6.58	7.66
G	2.47	4.25	3.6	2.99	4.34	3.24			
H				2.20	5.58	5.16			
O							2.48	6.58	5.98
Q ₂				2.59	6.06	5.2			
Q ₃							2.36	5.24	6.02
Q ₄	3.51	5.07	5.73				3.46	4.68	5.66
(i)	rp value for 16 factors =0.11 [N.S.]			rp value for 16 factors =-0.19 [N.S.]			rp value for 16 factors=-0.42 (P<.01)		
(ii)	rp value for factors G, Q ₄ = -.59 [N.S.]			rp value for factors C, G, H & Q ₂ = -0.75 (P<.01)			rp value for factors E, O, Q ₃ & Q ₄ = -0.79 (P<.01)		

(i) The Total Population :

The total population means, one hundred person (50 male and 50 female) suffering from somatic illness and one hundred person (50 male and 50 female), suffering from psychosomatic disease. The comparison was done on the basis of 't' test and profile similarity co-efficient (rp) values. The following results were obtained.

(i) There are only two personality. factor i.e. G and Q₄ on which significant differences at .05 and -.01 level were obtained.

(ii) Mean stens of the person with psychosomatic are higher

with that of person with somatic illness on factor Q_4 and G factor person with somatic illness have higher mean sten with that of psychosomatic disease.

- (iii) On the rest of the 14 personality factors not any significant differences were obtained between the two groups.
- (iv) rp value between the person with the somatic illness and the person with psychosomatic disease is equals to +0.11 which indicates insignificant similarity of personality pattern between both the groups.
- (v) The factors on which 't' value was significant i.e. G and Q_4 rp value was obtained -0.59 (N.S.).

(ii) Male Population :

When male with somatic illness ($N_1=50$) and male with psycho-somatic disease ($N_2=50$) were compared the follows results were obtained.

- (i) The male with psychosomatic disease have a higher mean sten on personality factor 'c' with that of male with somatic illness ($t=2.59$, $P<.01$)
- (ii) The male with somatic illness have higher mean stens on factor G, Q_2 ($P<.01$) and factor H ($P<.05$), with that of male with psychosomatic disease.

- (iii) The r_p value for all the sixteen personality factors between both the group is equals to -0.19 (N.S.).
- (iv) On factor (C,G,H & Q_2) the r_p value obtained was -0.75 ($P < .01$). This reveals an inverse relationship between both the group i.e. male with somatic illness, and male with psychosomatic disease.

(iii) Female Population :

When female with somatic illness and ($N_1=50$) and female with psychosomatic disease $N_2=50$ were compared the following result were obtained.

- (i) The female with psychosomatic disease have a higher mean sten on factor E, Q_4 ($P < .01$) and on factor Q_3 ($P < .05$), with that of female with somatic illness.
- (ii) The female with somatic illness have a higher mean stens on factor O with that of female with psychosomatic disease. The 't' value is significant at .05 level.
- (iii) The r_p value for all the sixteen personality factors between both the groups is equals to -0.42 ($P < .01$) indicated and inverse relationship between both the group.
- (iv) On factors E, O, Q_3 , Q_4 the r_p value obtained was -0.79 ($P < .01$), reveals that both the groups under study are dis-similar in their personality pattern.

PART-5 : COMPARISON OF PERSON WITH SOMATIC ILLNESS AND PERSON WITH FUNCTIONAL DISORDERS

In this section an attempt has been made to study and compare the personality pattern of person with somatic illness and person suffering with functional disorders. For this purpose this section has been described in the following three sub-groups.

- (i) Comparison of personality pattern of person suffering from somatic illness and person suffering from functional disorders.
- (ii) Comparison of personality pattern of male belonging with somatic illness and male belonging with functional disorders.
- (iii) Comparison of personality pattern of female belonging with somatic illness and female suffering with functional disorders.

(i) Comparison between the Person suffering from Somatic Illness and Person suffering from Functional Disorders :

Result reveals that person suffering with somatic illness have significantly higher mean scores on factors B, G ($P < .05$), C, H and Q_3 ($P < .01$) with that of person suffering with functional disorders. On the other hand the person suffering from functional disorders have significantly higher mean scores on factor E ($P < .05$), F, I, O, Q_2 & Q_4 ($P < .01$) with that of person suffering from somatic

illness. Both the group i.e. somatic illness group and functional disorders group have not any significant difference on factor A,L,M,N & Q_1 .

Table No.37 Mean sten standard deviation and 't' value on personality factor of somatic person and person with functional disorders. $N_1=100$, $N_2=100$

S.No.	FACTOR	PERSON WITH SOMATIC ILLNESS		PERSON WITH FUNCTIONAL DISORDERS		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	5.25	1.46	5.34	1.39	0.45	
2-	B	4.49	1.73	3.99	1.64	2.10	<.05
3-	C	4.33	1.35	3.18	1.40	5.91	<.01
4-	E	6.12	1.78	6.72	1.72	2.42	<.05
5-	F	4.85	1.55	5.81	1.33	4.70	<.01
6-	G	4.25	1.95	3.68	1.55	2.29	<.05
7-	H	5.60	1.09	4.44	1.51	6.23	<.01
8-	I	5.43	1.92	6.20	1.82	2.91	<.01
9-	L	6.73	1.48	6.42	1.62	1.41	
10-	M	5.95	1.51	6.31	1.27	1.82	
11-	N	5.17	1.74	4.94	1.72	0.94	
12-	O	6.29	1.31	7.33	1.46	5.30	<.01
13-	Q_1	6.80	1.78	6.58	1.72	0.89	
14-	Q_2	6.03	1.41	6.62	1.69	2.68	<.01
15-	Q_3	5.00	1.69	4.31	1.59	2.97	<.01
16.	Q_4	5.07	1.52	6.61	1.67	6.82	<.01

(134)

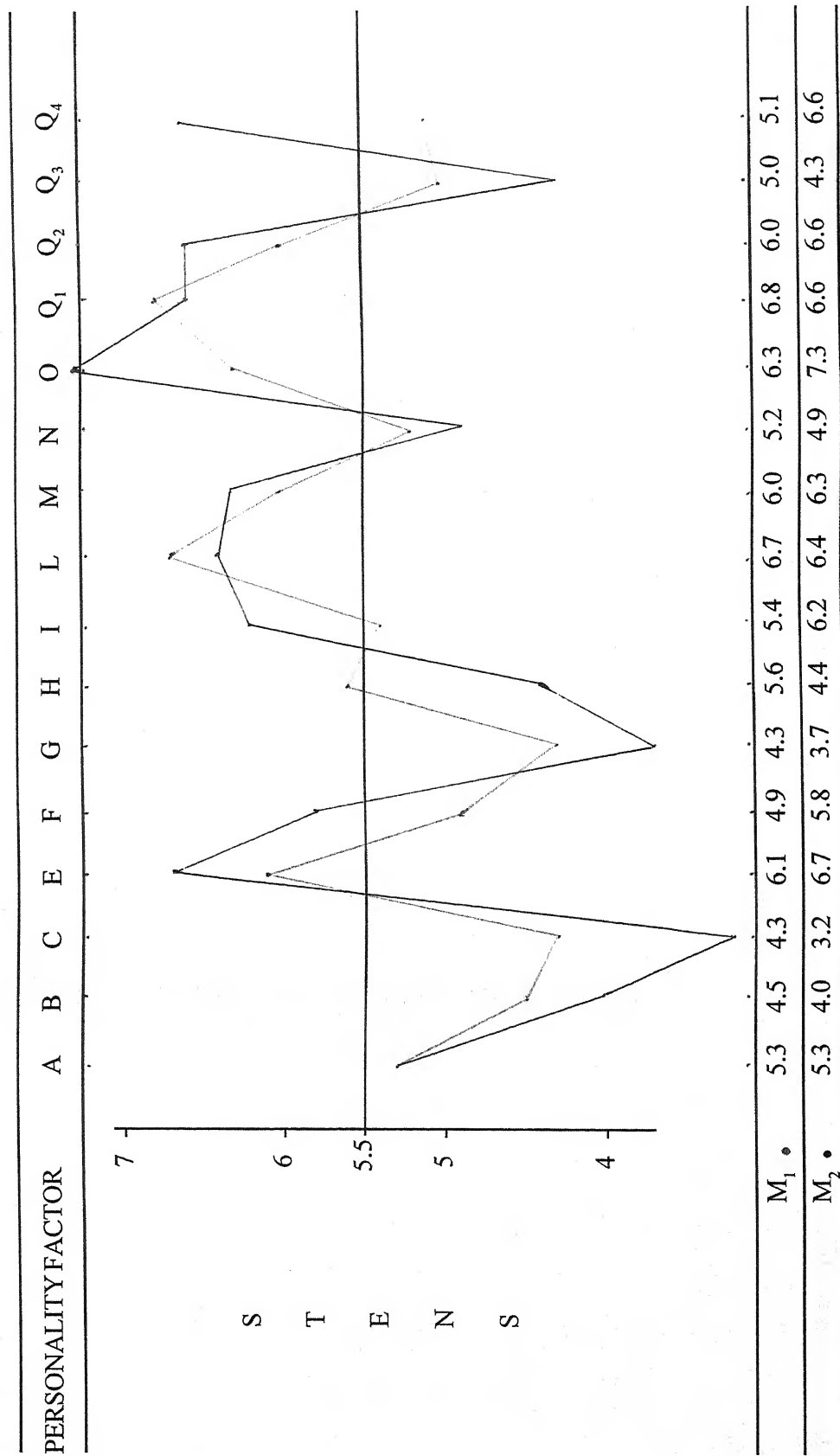
Table No. 38 - Mean stens and profile similarity co-efficient (rp) value between the personality factors of person with somatic illness and person with functional disorders. ($N_1 = 100, N_2 = 100$)

PERSONALITY FACTOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
PERSON WITH SOMATIC ILLNESS	5.3	4.5	4.3	6.1	4.9	4.3	5.6	5.4	6.7	6.0	5.2	6.3	6.8	6.0	5.0	5.1
PERSON WITH FUNCTIONAL DISORDERS	5.3	4.0	3.2	6.7	5.8	3.7	4.4	6.2	6.4	6.3	4.9	7.3	6.6	6.6	4.3	6.6
D	0	.5	1.1	.6	.9	.6	1.2	.8	.3	.3	.3	1.	.2	.6	.7	1.5
D ²	0	.25	1.21	.36	.81	.36	1.44	.64	.09	.09	.09	1.1	.04	.36	.49	2.25

(i) rp value for all the 16 factor = - 0.61 ($P < .01$)

(ii) rp value for factors i.e. B, C, E, F, G, H, I, O, Q₂, Q₃ & Q₄ = - 0.72 ($P < .01$)

FIGURE - 13 SHOWING PERSONALITY PROFILE OF PERSON BELONGING WITH SOMATIC ILLNESS AND PERSON BELONGING WITH FUNCTIONAL DISORDER ($N_1 = 100$, $N_2 = 100$)



Mean stens and profile similarity co-efficient (rp) value between the two groups under study i.e. person belonging with somatic illness and person belonging to functional disorders group have been presented in table no.38.

The profile similarity co-efficient (rp) value on all the sixteen personality factors obtained was -0.61 significant at $.01$ level. It reveals that both the groups are dissimilar as far as all the sixteen personality factors are concerned.

There are eleven personality factors i.e. B,C,E,F,G,H,I,O,Q₂,Q₃ and Q₄. On which both the groups have significant mean differences at $.01$ or $.05$ level. The profile similarity co-efficient (rp) value on these eleven personality factors between both the group has computed. The (rp) value -0.72 was obtained significant at $.01$ level, reveals that both the groups are not similar on aforesaid eleven personality factors.

The person belonging to somatic illness groups have a range of mean stens 4.25 to 6.8 . While the functional disorder group have a range of mean stens in between 3.18 to 7.33 . This range of mean stens put both the groups in the average category of sten score classification. Mean stens and profile is presented in fig no.13. It may be immediately seen from fig.no.13. That both the groups have a different personality pattern.

(ii) Comparison between the Male suffering from Somatic Illness and Male suffering from Functional Disorders :

Mean stens, standard deviations and 't' values on personality

factors of male belonging with somatic illness and male belonging with functional disorders are presented in table no.39.

Table No.39 Mean stens standard deviaion and t value on personality factor of male group of somatic illness and belonging with functional disorders ($N_1=50$, $N_2=50$)

S.No.	FACTOR	MALE WITH SOMATIC ILLNESS		MALE WITH FUNCTIONAL DISORDERS		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	5.98	1.09	5.90	1.24	0.34	
2-	B	4.10	1.94	3.88	1.76	0.59	
3-	C	4.26	1.27	2.94	1.42	4.90	<.01
4-	E	5.66	1.91	6.08	1.78	1.14	
5-	F	4.36	1.33	5.34	1.30	3.73	<.01
6-	G	4.34	2.07	3.48	1.63	2.31	<.05
7.	H	5.58	.94	3.92	1.60	6.33	<.01
8-	I	6.68	1.34	7.40	1.32	2.71	<.01
9-	L	6.80	1.62	6.20	1.87	1.71	
10-	M	5.68	1.53	6.10	1.52	1.38	
11.	N	5.22	1.95	4.96	1.91	0.67	
12.	O	6.00	1.08	7.54	1.47	5.97	<.01
13-	Q_1	6.66	1.94	6.32	1.83	0.90	
14-	Q_2	6.06	1.59	6.38	1.86	0.92	
15-	Q_3	4.76	1.67	4.30	1.88	1.29	
16-	Q_4	5.46	1.35	6.68	1.65	4.05	<.01

(138)

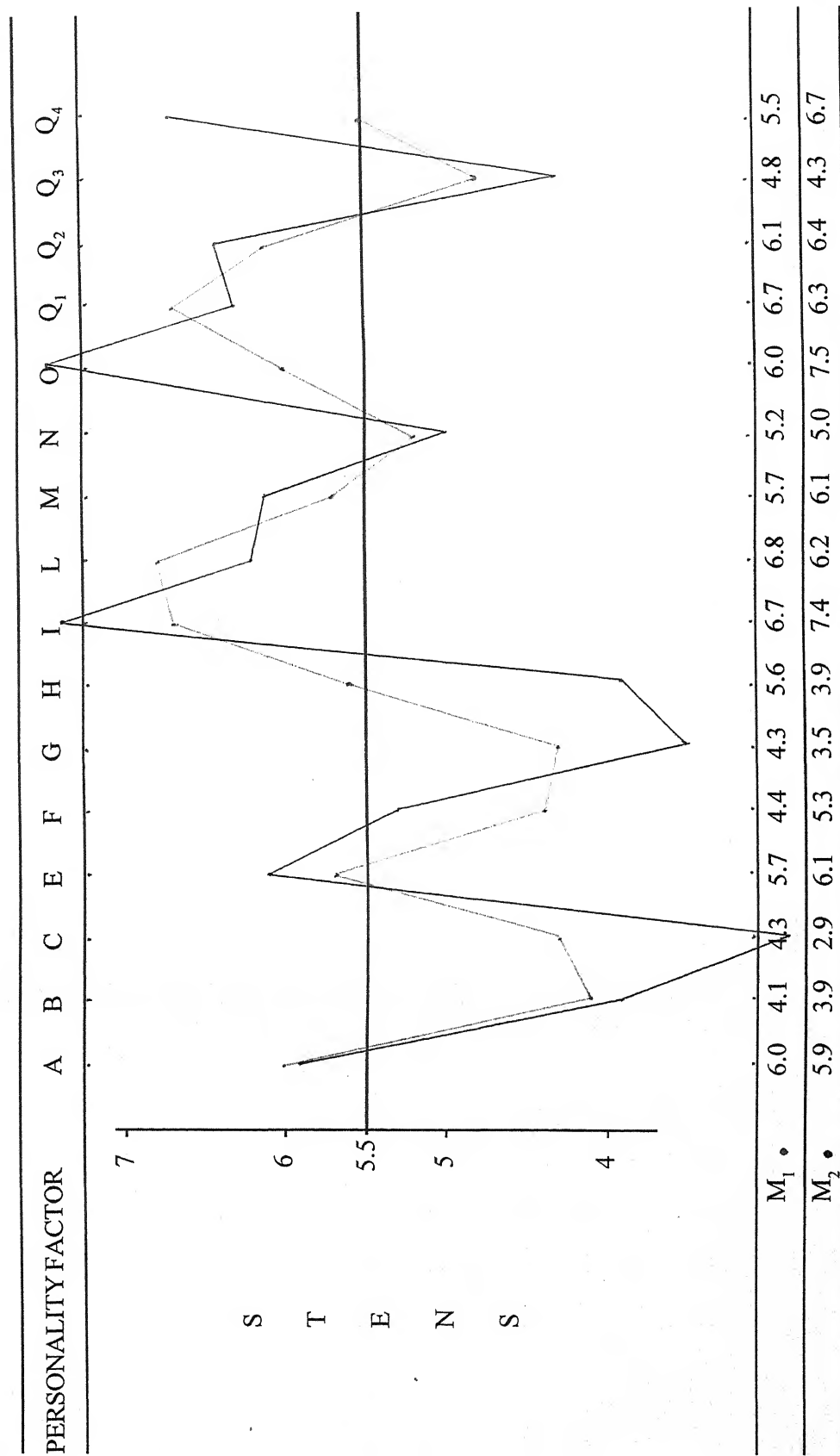
Table No.40 - Mean stens and profile similarity co-efficient (rp) value between the personality factor of male with somatic illness and male with functional disorders. ($N_1 = 50$, $N_2 = 50$)

PERSONALITY FACTOR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
MALE WITH SOMATIC ILLNESS		6.0	4.1	4.3	5.7	4.4	4.3	5.6	6.7	6.8	5.7	5.2	6.0	6.7	6.1	4.8	5.5
MALE WITH FUNCTIONAL DISORDERS		5.9	3.9	2.9	6.1	5.3	3.5	3.9	7.4	6.2	6.1	5.0	7.5	6.3	6.4	4.3	6.7
D		.1	.2	1.4	.4	.9	.8	1.7	.7	.6	.4	.2	1.5	.4	.3	.56	1.2
D ²		.01	.04	1.96	.16	.81	.64	2.89	.49	.36	.16	.04	2.25	.16	.09	.25	1.44

(i) rp value for all the 16 factor = - 0.67 ($P < .01$)

(ii) rp value for factor C, F, G, H, I, O & Q₄ = - 0.85 ($P < .01$)

FIGURE-14 SHOWING PERSONALITY PROFILE OF MALE BELONGING WITH SOMATIC ILLNESS AND MALE
BELONGING WITH FUNCTIONAL DISORDER ($N_1 = 50, N_2 = 50$)



The male belonging to somatic illness group have higher mean stens on factor C, G and H, with that of male belonging to functional disorders. The 't' value obtained on factor C and H are significant at .01 level while on factor G 't' value 2.32 is significant at .05 level.

The male belonging to functional disorders have higher mean stens on factors F,I,O, and Q_4 with that of male belonging to somatic illness. The 't' value obtained on factor F,I,O, and Q_4 were 3.77, 2.67, 5.92 and 4.07 respectably which were significant at .01 level. Between both the groups significant mean difference on rest on the nine personality factors i.e. A,B,E,L,M,N, Q_1 , Q_2 and Q_3 , were not obtained.

Mean-stens and profile similarity co-efficient (rp) value between the personality factors between both the groups have been presented in table no.40. The profile similarity co-efficient (rp) value for all the sixteen personality factors obtained was -0.67 significant at .01 level. It reveals that both the groups are dissimilar as for as all the sixteen pesonality factors are concerned. There are seven personality factor i.e. C,F,G,H,I,O and Q_4 . On which both the group have significant mean differences. The profile similarity co-efficient (rp) value between both the groups for seven personality factors was obtained -0.85 which is significant at .01 level. The (rp) value-0.85 reveals that both the groups have an inverse relationship on the seven personality factor i.e. C,F,G,H,I,O and Q_4 .

Male belonging to somatic illness group have a range

of mean stens 4.1 to 6.8. While the functional disorder group of male have a range of mean stens in between 2.94 to 7.54. This range of mean stens put both the groups under average category of stens score classification. The Comparison between these two groups on the basis of mean stens, the profile is presented in fig.no.14. It may be immediately seen from fig.no.14 that both the group have a different personality pattern.

(iii) Comparison between the Female suffering from Somatic Illness and Female suffering from Functional Disorders :

Mean stens, standard deviations and 't' values on personality factors of female belonging to somatic illness and female belonging to functional disorders have been presented in table no.41. Female with somatic illness have a higher mean stens on factors B,C,H and Q_3 with that of female groups with functional disorders. The 't' values obtained on these four factors B,C,H and Q_3 (2.69, 3.5, 2.75 and 3.07 respectably) were significant at .01 level.

On the other side female with functional disorders have a higher mean stens on factors E,F,I, Q_2 and Q_4 with that of female groups of somatic illness. The 't' values obtained on these five factors i.e. E,F,I, Q_2 and Q_4 were (2.6, 3.36, 2.73, 3.19, and 5.64 respectably) significant at .01 level.

On remaining factors i.e. A,G,L,M,N,O & Q_1 any significant mean differences were not obtained between both the groups.

Mean stens and profile similarity co-efficient (rp) value between the personality factors of female suffering with somatic illness and female suffering with functional disorder have been presented in table no.42.

Table No. 41 Mean stens standard deviaion and t value on personality factor of female group of somatic illness and belonging with functional disorders ($N_1=50$, $N_2=50$)

S.No.	FACTOR	FEMALE WITH SOMATIC ILLNESS		FEMALE WITH FUNCTIONAL DISORDERS		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	4.52	1.43	4.78	1.31	0.95	
2-	B	4.88	1.40	4.10	1.52	2.67	<.01
3-	C	4.40	1.44	3.42	1.35	3.51	<.01
4-	E	6.58	1.53	7.36	1.42	2.64	<.01
5-	F	5.34	1.62	6.28	1.19	3.31	<.01
6-	G	4.16	1.83	3.88	1.46	0.85	
7-	H	5.62	1.22	4.96	1.22	2.70	<.01
8-	I	4.18	1.58	5.00	1.42	2.73	<.01
9-	L	6.66	1.33	6.64	1.32	0.08	
10-	M	6.22	1.46	6.52	.93	1.23	
11-	N	5.12	1.53	4.92	1.52	0.66	
12-	O	6.58	1.45	7.12	1.43	1.87	
13-	Q ₁	6.94	1.62	6.84	1.58	0.31	
14-	Q ₂	6.00	1.22	6.86	1.49	3.16	<.01
15-	Q ₃	5.24	1.69	4.32	1.25	3.09	<.01
16-	Q ₄	4.68	1.59	6.54	1.70	5.65	<.01

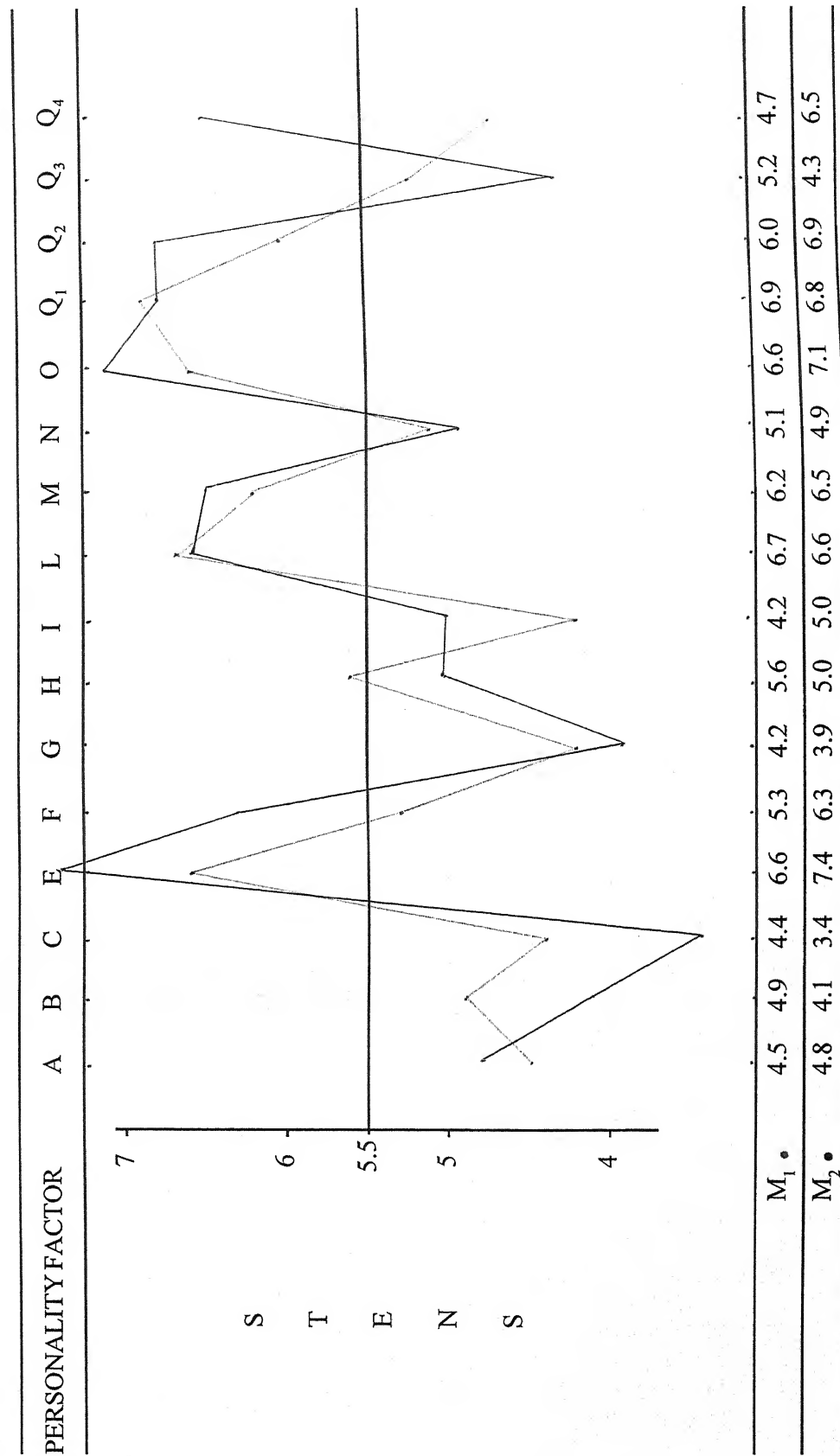
Table No.42 - Mean stens and profile similarity co-efficietn (rp) value between the personality factor of female with somatic illness and female with functional disorder. ($N_1 = 50$, $N_2 = 50$)

PERSONALITY FACTOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
FEMALE WITH SOMATIC ILLNESS	4.5	4.9	4.4	6.6	5.3	4.2	5.6	4.2	6.7	6.2	5.1	6.6	6.9	6.0	5.2	4.7
FEMALE WITH FUNCTIONAL DISORDERS	4.8	4.1	3.4	7.4	6.3	3.9	5.0	5.0	6.6	6.5	4.9	7.1	6.8	6.9	4.3	6.5
D	.3	.8	1.	.8	1.0	.3	.6	.8	.1	.3	.2	.5	.1	.9	.9	1.8
D ²	.09	.64	1.	.64	1.0	.09	.36	.64	.01	.09	.04	.25	.01	.81	.81	3.24

(i) rp vlaue for all the 16 factor = - 0.62 ($P < .01$)

(ii) rp value for factor B,C,E,F,H,I,Q₂,Q₃ & Q₄ = - 0.77 ($P < .01$)

FIGURE - 15 SHOWING PERSONALITY PROFILE OF FEMALE BELONGING WITH SOMATIC ILLNESS AND FEMALE
 BELONGING WITH FUNCTIONAL DISORDER ($N_1 = 50, N_2 = 50$)



The profile similarity co-efficient (rp) value for all the sixteen personality factors between the two groups was obtained -.62 significant at .01 level. It means that both the groups under study are not similar as far as all the sixteen factors are concerned.

There are nine personality factor i.e. B,C,E,F,H,I,Q₂,Q₃ and Q₄. On which both the group have significant mean difference at .01 level, the profile similarity coefficient (rp) value was obtained -0.77 significant at .01 level. It reveals that both the groups have an inverse relationship on nine personality factors B,C,E,F,H,I,Q₂, Q₃ and Q₄.

Female belonging to somatic illness group have a range of mean stens 4.16 to 6.94, while the female with functional disorders have a range of mean stens 3.42 to 7.36. This range of mean stens put both the groups under average category of sten score classification. The comparison between both the groups on the basis of mean stens, the profile is presented in fig.no.15 It may be immediately seen from fig.no.15 that both the group have a different personality pattern.

On the basis of the above discussion and interpretations of the results, it can be detect that the person suffering from functional disorders are dependent, depressive and tense while the person suffering from somatic illness are emotionally upset with weaker super ego strength, The female, suffering with somatic illness are less stable and easily upset while the female with functional disorders are more aggressive, dependent, tense, imaginative, impulsive and depressive.

Thus the Hypothesis No.5- "Person suffering from functional disorders are likely to differ from the person suffering from somatic illness" is accepted.

CONCLUSION :

Mean stens on personality factors significant on 't' values and (rp) values of the somatic illness group and person suffering with functional disorders are presented in table No.43. The comparison on personality factors are given on basis of following three points.

Table No.43 Mean stens of personality factors (Significant on 't' values) of total population, male and female suffering with somatic illness and functional disorders.

PERSON- -ALITY FACTOR	TOTAL POPULATION			MALE			FEMALE		
	t	SOMATIC ILLNESS GROUP	FUNCTIONAL DISORDER GROUP	t	SOMATIC ILLNESS GROUP	FUNCTIONAL DISORDER GROUP	t	SOMATIC ILLNESS GROUP	FUNCTIONAL DISORDER GROUP
B	2.10	4.49	3.99				2.67	4.88	4.10
C	5.91	4.33	3.18	4.90	4.26	2.94	3.51	4.40	3.42
E	2.42	6.12	6.72				2.64	6.58	7.36
F	4.70	4.85	5.81	3.73	4.36	5.34	3.31	5.34	6.28
G	2.29	4.25	3.68	2.31	4.34	3.48			
H	6.23	5.60	4.44	6.33	5.58	3.92	2.70	5.62	4.96
I	2.91	5.43	6.20	2.71	6.68	7.40	2.73	4.18	5.00
O	5.30	6.29	7.33	5.97	6.00	7.54			
Q ₂	2.68	6.03	6.62				3.16	6.00	6.86
Q ₃	2.97	5.00	4.31				3.09	5.24	4.32
Q ₄	6.82	5.07	6.61	4.05	5.46	6.68	5.65	4.68	6.54
(i)	rp value for 16 factor =-0.61 (P<.01)			rp value for 16 factors=-0.67 (P<.01)			rp value for 16 factor=-.62 (P<.01)		
(ii)	rp value for factor B,C,E,F,G, H,I,O,Q ₂ ,Q ₃ &Q ₄ =-0.72 (P<.01)			rp value for factor C,F,G,H, I,O&Q ₄ =-0.85 (P<.01)			rp value for factor B,C,E, F,H,I,Q ₂ ,Q ₃ &Q ₄ =-0.77 (P<.01)		

(i) The Total Population :

Total population means one hundred units (50 male and 50 female) belonging to somatic illness and one hundred units (50 male and 50 female) suffering with functional disorders. The comparison was done on the basis of 't' test and profile similarity co-efficient (rp) value. The following results are obtained.

- (i) The somatic illness group have significantly higher mean stens on personality factors C,H,Q₃ ($P<.01$) B, G and Q₃ ($P<.05$) with that of functional disorder group.
- (ii) Person suffering with functional disorders have higher mean stens on factors F, I, O, Q₂ and Q₄ signifcant at .01 level. While on factor E the mean differences is Significant at .05 with of somatic illness group.
- (iii) The rp value for all the sixteen personality factors between the two groups i.e. (somatic illness and person disease with functional disorders) is equal to -0.61 ($P<.01$). It reveals a significant dissimilarity between both the groups as for as the sixteen personality factors are concerned.
- (iv) On eleven factors i.e. B, C, E, F, G, H, I, O, Q₂, Q₃ and Q₄ the rp value obtained was -0.72 ($P<.01$). This also reveals an inverse relationship between both the group.

(ii) Male Population :

On comparing the male with somatic illness ($N_1=50$) and male suffering with functional disorders ($N_2=50$) the following results were obtained.

- (i) Male group with somatic illness have scored significantly higher mean stens on personality factors G ($P<.05$), C and H ($P<.01$) with that of male belonging to functional disorders.
- (ii) Male belonging to functional disorders have significantly higher mean stens on factors F,I,O and Q_4 ($P<.01$) with that of male group with somatic illness.
- (iii) The rp value for all the 16 personality factors between male group of somatic illness and male suffering with functional disorders is equals to -0.67 ($P<.01$), indicates that both the groups are not similar on their personality pattern.
- (iv) The profile similarity co-efficient rp value on factors C,F,G,H,I,O and Q_4 was obtained -0.85 ($P<.01$). It also reveals an inverse relationship between male groups of somatic illness and male with suffering with functional disorders.

(iii) Female Population :

On comparison female with somatic illness ($N_1=50$) and

female with functional disorders ($N_2=50$), the following results were obtained.

- (i) The female groups of somatic illness have significantly higher mean scores on personality factors B,C,H and Q_3 with that of female suffering with functional disorders. For all the personality factor the 't' values were significant at .01 level.
- (ii). Female group with functional disorders have significantly higher mean scores on factors E,F,I, Q_2 and Q_4 with that of female with somatic illness. For all the personality factors the 't' values were significant at .01 level.
- (iii) The r_p value for all the sixteen personality factors between both the groups is equals to -0.62 ($P<.01$) reveals that both the groups are not similar on their personality pattern.
- (iv) On factors B,C,E,F,H,I, Q_2 , Q_3 and Q_4 the r_p value obtained was -0.77 ($P<.01$), reveals that both the group under study are dissimilar in their personality pattern.

PART-6 : COMPARISON OF PERSON WITH PSYCHOSOMATIC DISEASE AND PERSON WITH FUNCTIONAL DISORDERS

In this section an attempt has been made to study and compare the personality pattern of person with psychosomatic

disease and person suffering with functional disorders. For this purpose this section has been described in the following three sub-groups.

- (i) Comparison of personality pattern of person belonging with psychosomatic disease and person belonging with functional disorders.
- (ii) Comparison of personality pattern of male suffering with psychosomatic disease and male suffering with functional disorders.
- (iii) Comparison of personality pattern of female suffering with psychosomatic disease and female suffering with functional disorders.

(i) Comparison between the Person belonging with Psychosomatic Disease and Person belonging with Functional Disorders :

As evident from the table no.44, significant differences are obtained between the two groups on factors C,F,H,I,L,M,N,O,Q₂,Q₃ and Q₄. The person suffering with psychosomatic disease have significant higher mean stens on factors C,H,L,N and Q₃. C,H,Q₃ ($P<.01$) L and N ($P<.05$) while person with functional disorders have significantly higher mean stens on factor F,M,O,Q₂,Q₄ ($P<.01$) and I ($P<.05$). On rest of the personality factors i.e. A,B,E,G,and Q₁ not any significant mean stens differences were obtained between the two groups under study.

Table No.44 Mean stens, standard deviations and 't' values on sixteen personality factor of psychosomatic person and person with functional disorders ($N_1=100, N_2=100$)

S.No.	FACTOR	PERSON WITH PSYCHOSOMATIC DISEASE		PERSON WITH FUNCTIONAL DISORDERS		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	5.59	1.55	5.34	1.39	1.20	
2-	B	4.12	1.64	3.99	1.64	0.56	
3-	C	4.52	1.51	3.18	1.40	6.51	<.01
4-	E	6.54	1.93	6.72	1.72	0.70	
5-	F	5.24	1.65	5.81	1.33	2.69	<.01
6-	G	3.60	1.76	3.68	1.55	0.34	
7-	H	5.56	1.22	4.44	1.51	5.77	<.01
8-	I	5.69	1.79	6.20	1.82	2.00	<.05
9-	L	6.90	1.60	6.42	1.62	2.11	<.05
10-	M	5.66	1.81	6.31	1.27	2.94	<.01
11-	N	5.44	1.70	4.94	1.72	2.07	<.05
12-	O	6.17	1.04	7.33	1.46	6.47	<.01
13-	Q_1	6.62	1.61	6.58	1.72	0.17	
14-	Q_2	5.71	1.74	6.62	1.69	3.75	<.01
15-	Q_3	5.22	1.76	4.31	1.59	3.84	<.01
16-	Q_4	5.73	1.11	6.61	1.67	4.39	<.01

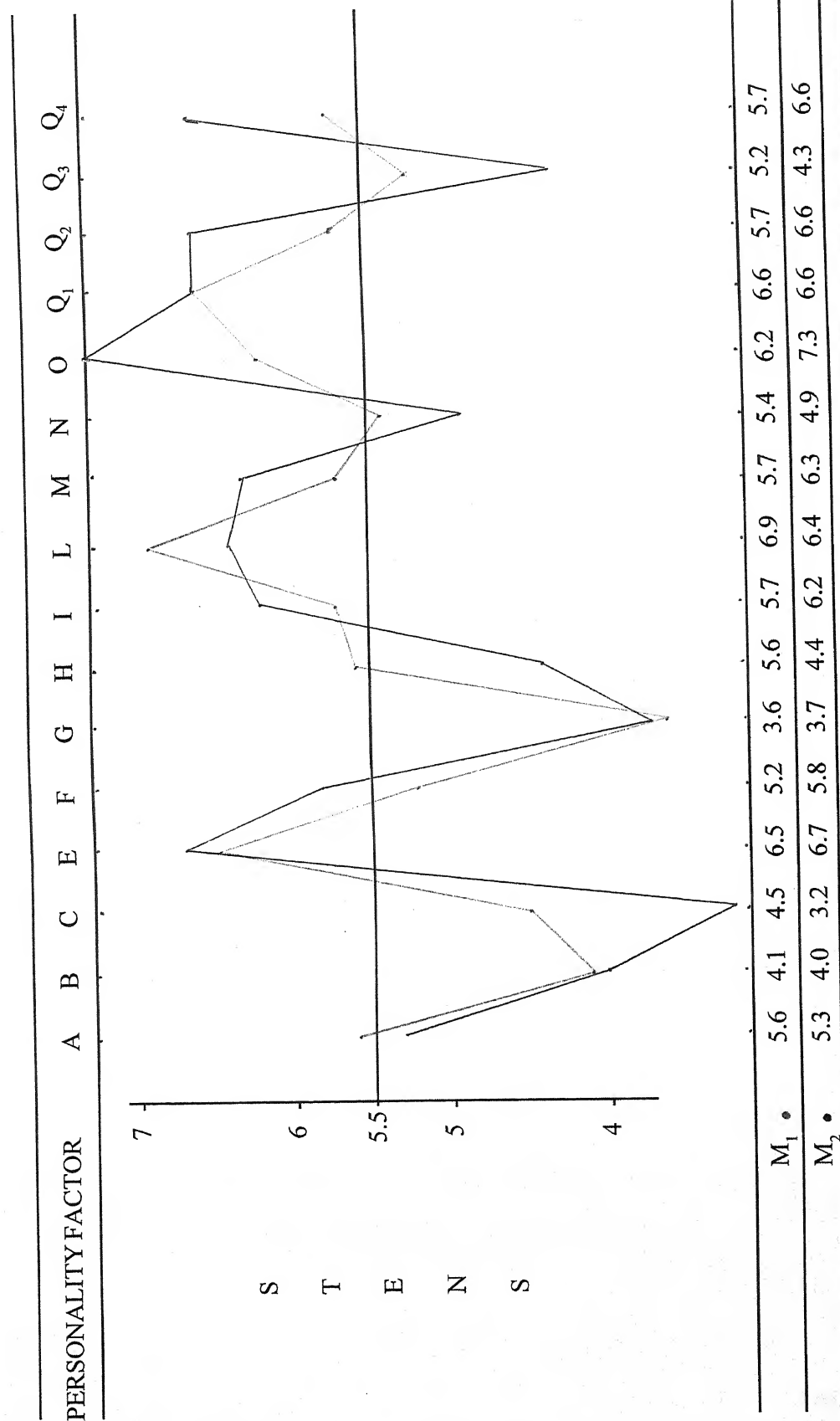
Table No.45 - Mean stens and profile similarity co-efficient (rp) value between the personality factor of person with psychosomatic disease and person with functional disorders.(N₁=100,N₂=100)

PERSONALITY FACTOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
PERSON WITH PSYCHOSOMATIC DISEASE	5.6	4.1	4.5	6.5	5.2	3.6	5.6	5.7	6.9	5.7	5.4	6.2	6.6	5.7	5.2	5.7
PERSON WITH FUNCTIONAL DISORDERS	5.3	4.0	3.2	6.7	5.8	3.7	4.4	6.2	6.4	6.3	4.9	7.3	6.6	6.6	4.3	6.6
D	.3	.1	1.3	0.2	.6	.1	1.2	.5	.5	.6	.5	1.1	0	.9	.9	.9
D ²	.09	.01	1.69	.04	.36	.01	1.44	.25	.36	.25	.25	1.21	0	.81	.81	.81

(i) rp value for all the 16 factor = - 0.57 (P<.01)

(ii) rp value for factor C,F,H,I,L,M,N,O,Q₂,Q₃ & Q₄ = - 0.77 (P<.01)

FIGURE - 16 SHOWING PERSONALITY PROFILE OF PERSON SUFFERING WITH PSYCHOSOMATIC DISEASE AND PERSON SUFFERING WITH FUNCTIONAL DISORDER ($N_1 = 100, N_2 = 100$)



Mean stens and profile similarity co-efficient (rp) value between the personality factors of person belonging to psychosomatic disease and person belonging with functional disorders group have been presented in table no.45. The profile similarity co-efficient (rp) value -0.57 was obtained which is significant at .01 level. It reveal that both groups are not similar in their personality pattern. There are eleven personality factors i.e. C,F,H,I,L,M,N,O,Q₂,Q₃, and Q₄, on which both the groups have significant mean differences at .01 or .05 levels. On these eleven personality factors the rp value -0.77 (P<.01). It reveals that both the groups have an inverse relationship on eleven personality factors i.e. C,F,H,I,L, M,N,O,Q₂,Q₃ and Q₄ are Concerned.

The psychosomatic diseased groups have a range of mean stens in between 3.60 to 6.90. While the functional disorders groups have a range of mean stens in between 3.18 to 7.33. This range of mean stens put both the groups in the average category of sten score classification. The comparison between these two groups on the basis of mean stens, the profile is presented in fig.no.16. It may be immediately seen from fig.no.16, that both the groups have a different personality pattern.

(ii) Comparison between Male suffering from Psychosomatic Disease and Male suffering from Functional Disorders :

As evident from the table no.46, significant differences are obtained on factors C,E,F,H,I,O,Q₂ and Q₄ between the two

groups i.e. male with psychosomatic disease and male suffering with functional disorders. The male group of psychosomatic disease has significantly higher mean stens on factors C and H with that of functional disorders male groups. The t. values are significant at .01 level.

Table No.46 Mean stens standard male deviation and 't' values on personality factors of psychosomatic male and male with functional disorders. ($N_1=50, N_2=100$)

S.No.	FACTOR	MALE WITH		MALE WITH		t.	P
		PSYCHOSOMATIC DISEASE		FUNCTIONAL DISORDERS			
		MEAN	S.D.	MEAN	S.D.		
1-	A	6.10	1.18	5.90	1.24	0.83	
2-	B	3.84	1.55	3.88	1.76	0.12	
3-	C	4.96	1.38	2.94	1.42	7.21	<.01
4-	E	5.42	1.53	6.08	1.78	1.99	<.05
5-	F	4.68	1.76	5.34	1.30	2.13	<.05
6-	G	3.24	1.58	3.48	1.63	0.75	
7-	H	5.16	.97	3.92	1.60	4.69	<.01
8-	I	6.68	1.58	7.40	1.32	2.47	<.05
9-	L	6.74	1.68	6.20	1.87	1.52	
10-	M	5.60	2.05	6.10	1.52	1.39	
11-	N	5.24	1.58	4.96	1.91	0.80	
12-	O	6.36	1.13	7.54	1.47	4.50	<.01
13-	Q ₁	6.80	1.77	6.32	1.83	1.33	
14-	Q ₂	5.20	1.73	6.38	1.86	3.28	<.01
15-	Q ₃	4.42	1.52	4.30	1.88	0.35	
16.	Q ₄	5.80	1.01	6.68	1.65	3.22	<.01

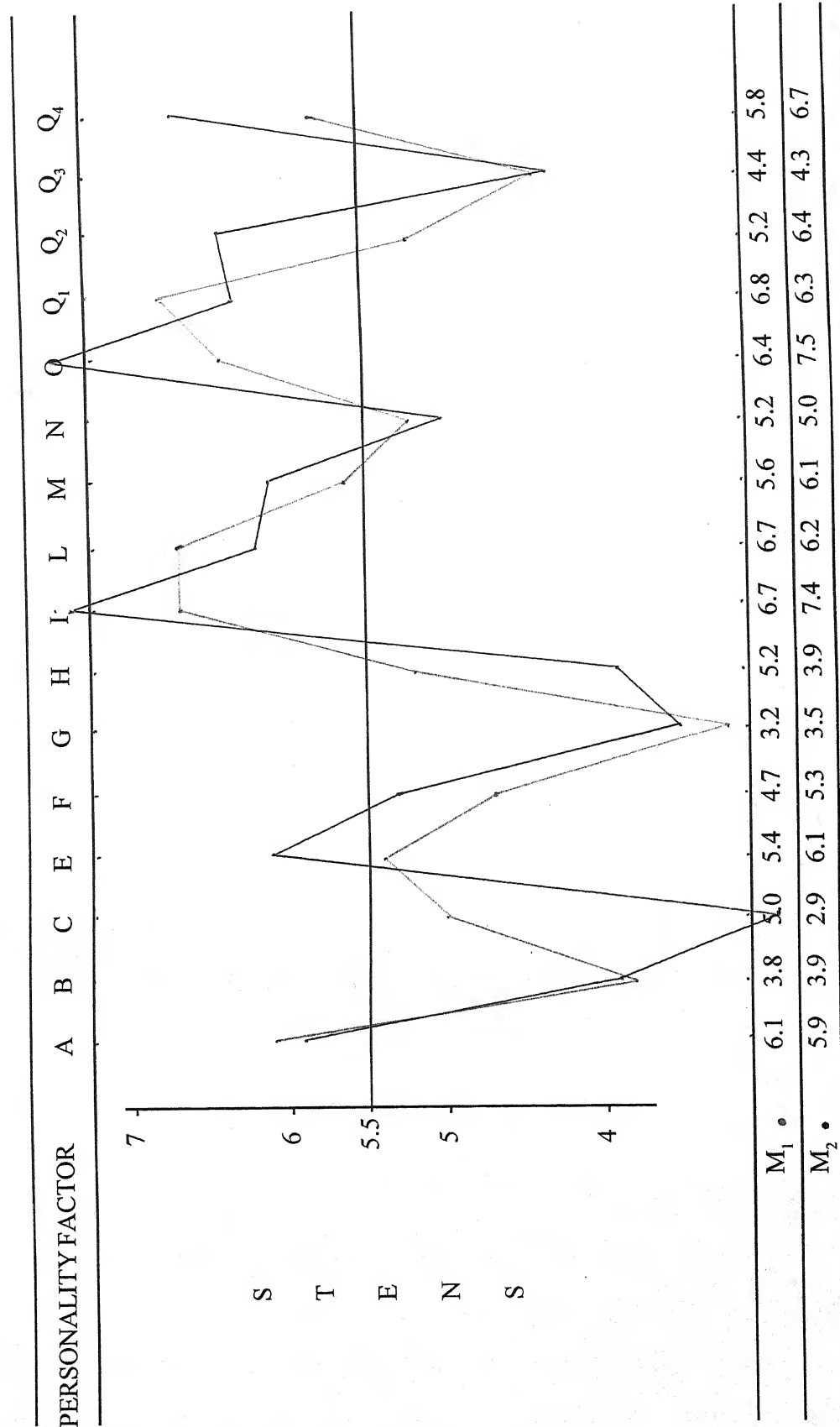
Table No.47 - Mean stens and profile similarity co-efficient (rp) value between personality factors of male with psychosomatic disease and male belonging with functional disorders. ($N_1 = 50, N_2 = 50$)

PERSONALITY FACTOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
MALE WITH PSYCHOSOMATIC DISEASE	6.1	3.8	5.0	5.4	4.7	3.2	5.2	6.7	6.7	5.6	5.2	6.4	6.8	5.2	4.4	5.8
	5.9	3.9	2.9	6.1	5.3	3.5	4.0	7.4	6.2	6.1	5.0	7.5	6.3	6.4	4.3	6.7
MALE WITH FUNCTIONAL DISORDERS	.2	.1	2.1	.7	.6	.3	1.2	.7	.5	.5	.2	1.1	.5	1.2	.1	.9
	.04	.01	4.41	.49	.36	.09	1.44	.49	.25	.25	.04	1.21	.25	1.44	.01	.81

(i) rp value for all the 16 factor = - 0.67 ($P < .01$)

(ii) rp value for all factors C, E, F, H, I, O, Q₂ & Q₄ = - 0.83 ($P < .01$)

FIGURE - 17 SHOWING PERSONALITY PROFILE OF MALE SUFFERING WITH PSYCHOSOMATIC DISEASE AND MALE SUFFERING WITH FUNCTIONAL DISORDER ($N_1 = 50, N_2 = 50$)



On the other hand the male group with functional disorder has significantly higher mean stens on factors E,F,I,O,Q₂ and Q₄. The 't' values are significant at .05 level for factors E,F and I and at .01 level for factors O, Q₂ and Q₄. There are not any significant mean differences at any level, between both the groups on eight personality factors i.e. A,B,G,L,M,N,Q₁ and Q₃.

Mean stens and profile similarity co-efficient (rp) value between the male belonging with psychosomatic disease and male belonging with functional disorder have been presented in table no.47. The profile similarity co-efficient (rp) value was obtained -0.67 ($P < .01$). It reveals that both the group under study are not similar in that personality pattern as far as the sixteen personality factors are concerned. There are eight personality factors i.e. C,E,F,H,I,O,Q₂ and Q₄. On which both the groups have significant mean differences at 0.01 or .05 level. The profile similarity co-efficient (rp) value on these factors was obtained -.83 ($P < .01$). It reveals that both the groups have an inverse relationship as far as the eight personality factors i.e. C,E,F,H,I,O,Q₂ and Q₄, are concerned.

The male group with psychosomatic disease have a range of mean stens 3.24 to 6.80. While the functional disorder male group have a range of mean sten in between 2.94 to 7.54. This range of mean stens put both the groups in the average category of sten score classification. Comparison between these two groups on the basis of mean stens, the profile is

presented in fig.no.17. It may be immediately seen from fig.no.17 that both the groups have in a different personality pattern.

(iii) Comparison between Female suffering from Psychosomatic Disease and Female suffering from Functional Disorders :

As evident from the table no.48 significant mean differences are obtained between the two groups i.e. female groups with psychosomatic disease and functional disorder group of female, on factors C,N and Q_2 ($P<.05$), H,M,O, Q_3 and Q_4 ($P<.01$). The female with psychosomatic disease have scored significantly higher mean stens with that of female with functional disorders on factor C and N ($P<.05$), H and Q_3 ($P<.01$). On the other hand female group of functional disorders have scored significantly higher mean sten with not of female with somatic illness on factors M,O, Q_4 ($P<.01$) and Q_2 ($P<.05$). There are not any significant mean difference at any level between the two groups on personality factors A,B,E,F,G,I,L and Q_1 .

Mean sten and profile similarity co-efficient (rp) value between the personality factor of both the groups have been presented in table no.49. The profile similarity coefficient (rp) value -0.57 for call the sixteen personality factors. The rp value -0.57 is significant at 0.01 level, reveals that both the groups are not similar as for as the sixteen personality factors are concerned. There are eight personality factors i.e. C,H,M,N,O, Q_2 , Q_3 and Q_4 . On which both the groups have significant mean differences at

0.01 or .05 level. The profile similarity co-efficient (rp) value was obtained -0.77 ($P < .01$). The rp value -0.77 reveals that both the groups have an inverse relationship on personality factors C, H, M, N, O, Q_2 , Q_3 and Q_4 .

Table No.48 Mean sten, standard deviation and 't' values on personality factors of psychosomatic female and female with functional disorders. ($N_1=50, N_2=50$)

S.No.	FACTOR	FEMALE WITH PSYCHOSOMATIC DISEASE		FEMALE WITH FUNCTIONAL DISORDERS		t.	P
		MEAN	S.D.	MEAN	S.D.		
1-	A	5.08	1.72	4.78	1.31	0.97	
2-	B	4.44	1.70	4.10	1.52	1.05	
3-	C	4.08	1.52	3.42	1.35	2.30	<.05
4-	E	7.66	1.61	7.36	1.42	0.99	
5-	F	5.80	1.32	6.28	1.19	1.91	
6-	G	3.96	1.88	3.88	1.46	0.24	
7-	H	5.96	1.32	4.96	1.22	3.93	<.01
8-	I	4.70	1.41	5.00	1.42	1.06	
9-	L	7.06	1.51	6.64	1.32	1.48	
10-	M	5.72	1.56	6.52	0.93	3.11	<.01
11-	N	5.64	1.81	4.92	1.52	2.15	<.05
12-	O	5.98	0.91	7.12	1.43	4.76	<.01
13-	Q_1	6.44	1.43	6.84	1.58	1.33	
14-	Q_2	6.22	1.60	6.86	1.49	2.07	<.05
15-	Q_3	6.02	1.62	4.32	1.25	5.87	<.01
16-	Q_4	5.66	1.22	6.54	1.70	2.97	<.01

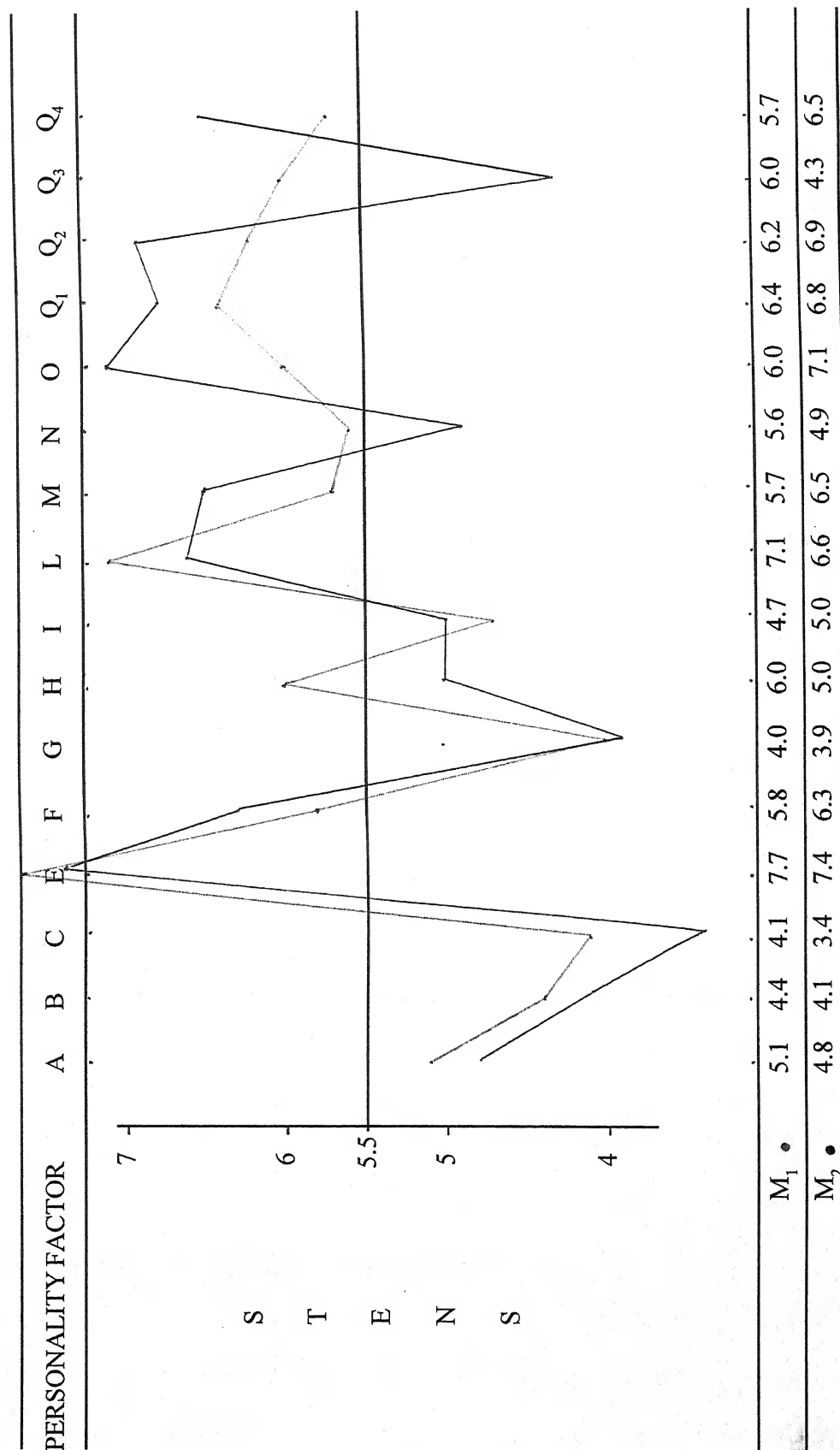
(161)

Table No.49 - Mean stens and profile similarity co-efficient (rp) value between the personality factor of female with psychosomatic disease and female with functional disorder (N₁=50, N₂=50)

PERSONALITY FACTOR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q ₄
FEMALE WITH PSYCHOSOMATIC DISEASE		5.1	4.4	4.1	7.7	5.8	4.0	6.0	4.7	7.1	5.7	5.6	6.0	6.4	6.2	6.0	5.7
FEMALE WITH FUNCTIONAL DISORDERS		4.8	4.1	3.4	7.4	6.3	3.9	5.0	5.0	6.6	6.5	4.9	7.1	6.8	6.9	4.3	6.5
D		.3	.3	.7	.3	.5	.1	1.	.3	.5	.8	.7	1.1	.4	.7	1.7	.8
D ²		.09	.09	.49	.09	.25	.01	1.	.09	.25	.64	.49	1.21	.16	.49	2.89	.64

- (i) rp value for all the 16 factor = - 0.59 (P<.01)
- (ii) rp value for factor C,H,M,N,O,Q₂,Q₃ & Q₄ = - 0.77 (P<.01)

FIGURE - 18 SHOWING PERSONALITY PROFILE OF FEMALE SUFFERING WITH PSYCHOSOMATIC DISEASE AND
FEMALE SUFFERING WITH FUNCTIONAL DISORDER ($N_1 = 50, N_2 = 50$)



The female groups with psychosomatic disease have a range of mean stens 3.96 to 7.66, while the female with functional disorders have a range of mean stens in between 3.42 to 7.36. This range of mean stens put both the groups in the average category of sten score classification. The comparison between these two groups on the basis of mean stens the profile is presented in fig.no.18. It may be immediately seen from fig.no.18 that both the groups have a different personality pattern.

On the basis of the above discussion and interpretation of the result, it can detect that the person suffering with functional disorders can easily upset, follower, arrange dependent and over protected, suspicious, imaginative, depressive and tense with that of person suffering with psychosomatic illness. The male suffering from functional disorders are emotionally less stable, aggressive, dependent, depressive and tense, with introspective nature. The female suffering from functional disorder are emotional, unstable, with weaker super ego strength, depressive and tense.

Thus the Hypothesis No.6- "Psycho-somatic disease person are likely to be different in their personality structure than the person suffering from functional disorders" is accepted.

CONCLUSION :

Mean stens on personality factors (significant on 't' values) and rp value of the psychosomatic disease group and person suffering with functional disorders are presented in table no.50. The comparison on personality factors are given on the basis

of following three points.

Table No.50 Mean stens of personality factor (Significant on 't' values) of total population and male and female suffering with psychosomatic disease and functional disorders.

PERSON- -ALITY FACTOR	TOTAL POPULATION			MALE			FEMALE		
	t	PSYCHO- -SOMATIC DISEASE GRP.	FUNCTIONAL DISORDERS GROUP	t	PSYCHO- -SOMATIC DISEASE	FUNCTIONAL DISORDERS GROUP	t	PSYCHO- -SOMATIC DISEASE	FUNCTIONAL DISORDERS GROUP
C	6.51	4.52	3.18	7.21	4.96	2.94	2.30	4.08	3.42
E				1.99	5.52	6.08			
F	2.69	5.24	5.81	2.13	4.68	5.34			
H	5.77	5.56	4.44	4.69	5.16	3.92	3.93	5.96	4.96
I	2.00	5.69	6.2	2.47	6.68	7.4			
L	2.11	6.9	6.42						
M	2.94	5.66	6.31				3.11	5.72	6.52
N	2.07	5.44	4.94				2.15	5.64	4.92
O	6.47	6.17	7.33	4.50	6.36	7.54	4.76	5.98	7.12
Q ₂	3.75	5.71	6.62	3.28	5.2	6.38	2.07	6.22	6.86
Q ₃	3.84	5.22	4.31				5.87	6.02	4.32
Q ₄	4.39	5.73	6.61	3.22	5.8	6.68	2.97	5.66	6.54
(i)	rp value for 16 factor = -0.57 (P<.01)			rp value for 16 factor = -0.67 (P<.01)			rp value for 16 factor = -.59 (P<.01)		
(ii)	rp value for factor C,F,H,I L,M,N,O,Q ₂ ,Q ₃ ,Q ₄ = -.77 (P<.01)			rp value for factor C,E, F,H,I,O,Q ₂ and Q ₄ = -0.83 (P<.05)			rp value for factor C,H,M, N,O,Q ₂ ,Q ₃ &Q ₄ = -0.77 (P<.01)		

(i) The Total Population :

Total population means one hundred units (50 male 50 female) belonging with psychosomatic disease and one hundred units (50 male, 50 female) suffering with functional disorders. The comparison was done on the basis of 't' test and profile similarity co-efficient (rp) values. The following results are obtained.

- (i) The psychosomatic disease group have significantly higher mean stens on personality factors i.e.C, H, Q₃, (P<.01), L and N (P<.05) with that of person suffering with

functional disorders.

- (ii) On the other hand person suffering with functional disorders have scored significantly higher mean stens on five personality factors i.e. F,M,O,Q₂ and Q₄ ($P < .01$) with that of psychosomatic disease group.
- iii) The profile similarity coefficient (rp) value for all the sixteen personality factors between the two groups (i.e. psychosomatic disease group and group suffering with functional disorders), obtained was -0.57. The rp value is significant at .01 level. It reveals that both the group are not similar in their personality pattern.
- (iv) The profile similarity co-efficient (rp) value for 11 personality factors (significant on 't' value) for the two group under study was -0.77. The rp value indicates a dissimilarity at .01 level. Between the two groups with reference to eleven personality factor i.e. C,F,H,I,L, M,N,O,Q₂,Q₃ and Q₄.

(ii) Male Population :

On comparing male population belonging to psychosomatic disease with male suffering with functional disorders the, following results were obtained.

- (i) Male group with psychosomatic disease have scored significantly higher mean stens on personality factor C and H ($P < .01$) with that of male suffering with functional disorders.

- (ii) Male suffering with functional disorders have scored significant higher mean stens on six personality factors i.e. E,F,I ($P<.05$), O, Q_2 and Q_4 ($P<.01$), with that of male with psychosomatic disease group.
- (iii) The profile similarity co-efficient (rp) value for all the 16 personality factors between the two groups i.e. psychosomatic disease. male group and male suffering with functional disorders was obtained -0.67. The rp value is significant at .01 level. It reveals that both the groups are not similar on their personality pattern.
- (iv) The profile similarity co-efficient (rp) value for eight personality factors significant on 't' value for the two group under study was -0.83. The rp value indicate dissimilarity at .01 level, between the two groups with reference to eight personality factor i.e. C,E,F, H,I,O, Q_2 and Q_4 .

(iii) Female Population :

On comparing female population belonging to psychosomatic disease and female belonging to functional disorders, the following results were obtained.

- (i) The psychosomatic disease female group have scored significantly higher mean stens on four personality factors i.e. C,N ($P<.05$), H and Q_3 ($P<.01$) with that of female suffering with functional disorders.

- (ii) Female suffering with functional disorder have scored significantly higher mean scores on four personality factors i.e. M, O, Q₄ ($P < .01$) and Q₂ ($P < .05$) with that of female belonging to psychosomatic disease.
- (iii) The profile similarity co-efficient (rp) value for all the 16 personality factors between the two groups was obtained $-.59$ ($P < .01$). It reveals that both the groups are not similar in their personality pattern.
- (iv) The profile similarity co-efficient (rp) value on factors significant on 't' values for the two groups was obtained -0.77 ($P < .01$) also indicates dissimilarity of personality pattern as for as the eight personality factors i.e. C, H, M, N, O, Q₂, Q₃ and Q₄ are concerned.

SUGGESTIONS FOR FURTHER RESEARCH WORK :

Certain suggestions for further research work in this field are to be offered by the present investigator on the basis of experience and insight gained during the course of study.

- 1- Advances in physiological psychology and neuroendocrinology, together with epidemiological studies, have added new dimensions to psychosomatic research. Psychological influences still are accepted as Exacerbators or trigger mechanism if less often as causes. In some further research it should be worked out that emotional factors are causes or effect of the disease.

- 2- Some of the workers have reported different types of personality characteristics in different types of psychosomatic patients. In further research work it should be made clear what are those variables which are responsible for different types of characteristic in a particular psychosomatic diseases.
3. Contradictory findings about personality characteristics, difference between the different types of psychosomatic disorders, controversy between the characteristics of psychosomatic and neurotics, differences between the cases of unknown and known etiology, emphasis on multifactorial explanation of psychosomatic illness suggest that in some further research work major psychosomatic formulation need to be subjected to rigorous and searching analysis by variety of techniques with the help of undisciplinary approach.
4. According to researcher personality has been classified in two category that is type-A and type-B. A study can be done on these lines also.
5. Studies on the various psychosomatic disorders, neurotic and psychatic and functional disorders patience can also be perform.

Chapter 5

SUMMARY

The seventeenth century has been called the age of Enlightenment, the eighteenth, the Age of Reason; the nineteenth, the Age of Progress, and the twentieth, the Age of Anxiety. With the conquest of many of the physical ills which have afflicted him throughout the history, man has come increasingly aware of the role of psychological factors in human existence.

Modern man's path to happiness is not an easy one. It is beset by seemingly endless personal and social problems. On every side we see anxious, unhappy, bewildered people who are missing the fulfilment of their best potential because they can not achieve a satisfactory adjustment to problems that seem just to great. Instead of smooth, and effective, functioning, we see widespread symptoms of personality maladjustment.

According to Gordon Claridge (1973), The beginning of psychosomatic problems came into existence in the middle of nineteenth century. Charles (1899), in his research regarding the psychosomatic problems, explained in detail, how the factor of emotion is liable to body disorders including cancer. Cannon (1920), also explained that, emotional condition, how disorders the physiological functions of the body and found that there is a great and deep relationship between emotion and autonomic nervous system.

In psychosomatic disorders, the psychological and physiological variables are so intermixed that it is difficult to separate them. In psychosomatic disorders, the usual channels of emotional outlet are largely blocked; the tension is discharged through visceral organs. Typically this process takes place on an unconscious level; the anxiety or any other emotion associated with the stress situation is partly or completely cut off from conscious experiences by the defence mechanism of depression. In essence, emotional tension are "Short-circuited" through the autonomic system and discharged through visceral organs. Because these disorders represent a failure to adapt to stress, they are often referred to as 'disease of adaptation'.

More recent researchers suggest, that mind and body are infact a unity and that any physical disorder may be effected by psychological stress. Such disorders usually effect organs innervated by the autonomic nervous system, such as those of the respiratory, cardiovascular, gastrointestinal and endocrine systems.

BODY-MIND RELATIONSHIP :

Psychosomatic disorders as such do not appear in DSM-IIIR as they did in earlier versions of the D.S.M.. Because virtually all physical diseases are now viewed as potentially related to psychological stress, a psychosomatic disorders category would become a complete listing of all diseases. Therefore, in DSM-IIIR classification system the psychosomatic disorder has been listed by a single broad category of "psychological factors affecting physical

conditions". Thus kept apart for continues mind and body are now being considered as one.

GENERAL CAUSES OF PSYCHOSOMATIC DISORDERS :

Here the researcher will discuss both with the general causes of psychosomatic disorders and with the problem of organ specificity-of why, under stress, one individual develops bronchial spasms, another hypertension, and still another migraine headaches.

In general, the development of psychosomatic disorders appears to involve the following sequence of events :

- (i) The arousal of negative emotions in response to stress situations- the degree of arousal depending not only on the nature of the stress situation, but also on the individual's perception of the situation and his stress tolerance;
- (ii) The failure of these emotions to be dealt with adequately either through appropriate expression or through a changed frame of reference or improved competence-with the result that the emotional arousal continues on a chronic basis; and.
- (iii) Response stereotype the damaging effects of chronic arousal becoming concentrated in a specific organ system. In the discussion that follows, It shall be concerned with the possible significance of particular biological, psychosocial, and socio-cultural variables in contributing to this chain of events.

PSYCHONEUROTIC DISORDERS :

In psychoneurotic disorders we will find pathological development trends within the personality of the individual which lead to misvaluations of environmental problems, to severe conflicts, and to inefficient personal and social adjustments. Almost invariably these pathological trends show a long developmental history, usually beginning in faulty parent-child relations that have led to immature and distorted attitudes towards the self and toward the surrounding world. The essential sequence in the development of the psychoneurotic disorders is typically :

Somatic symptoms include tension, fatigue, indigestion, increased frequency of micturition, muscular twitchings, excessive sweating, heart palpitations, tension headaches, choking sensations, and an assortment of vague aches and pains. Medical examination ordinarily reveals no organic basis for these complaints, but the neurotic often interprets them as evidence of organic pathology and focuses a good deal of hypochondrial concern on them. Perhaps the most common of these symptoms is fatigue.

Neuroses are the result of a complex interaction of personality and stress factors, and the specific determinants and expressions of neurotic reactions are somewhat different for each individual.

In addition, it may be borne in mind that most of us evidence some neurotic symptoms in coping with the stresses of modern civilization and that none of us can escape times of anxiety and unhappiness.

FUNCTIONAL PSYCHOSES :

In psychotic disorders, the patient manifests a severe personality decompensation with a marked distortion and loss of contact with reality. He is unable to relate himself effectively to other people or to his work and usually has to be hospitalized. Thus, in general, the psychoses are much more severe and disabling than are the psychoneuroses although it may be re-emphasized that there is no sharp dividing line between them: the neuroses blend imperceptibly into the psychoses with increasing degree of personality disorganization or decompensation.

Classification and Symptoms of Psychoses :

In psychotic reactions there is a lowering of adaptive controls, which leads to thoughts, feelings, and actions that have not been characteristic of the individual's behaviour. Thus he may become assaultive, ignore personal hygiene, make immoral advances, or become convinced that he has committed unpardonable sins. Although obsessive-compulsive, phobic, and other neurotic patterns are often present in these reactions, psychosomatic reactions, such as peptic ulcers, are relatively rare.

Here it is of interest to note that according to Scheier (1962) psychotics in general are slightly above average in free anxiety (60th percentile) -as contrasted with psychosomatic cases, who have an average level of free anxiety (50th percentile), and neurotics, who have a high level (85th percentile)

PERSONALITY THE CONCEPT :

The term 'personality' is not easily defined. In fact, its precise meaning varies considerably from theory to theory. After a thorough review of the many different notions of personality offered by theologians, philosophers, poets, sociologists, and psychologists Allport concluded that an adequate synthesis of existing definitions might be expressed in the phrase, "What a man really is". Allport again asserted that "personality is something and does something it is what lies behind specific acts and within the individual. In Allport's system, personality is alive, well and functioning. What is the nature of this something, Allport answered by offering a precise definition of personality.

"Personality is the dynamic organization within the individual of those psychophysical system that determine his unique adjustment to his environment", (1937,P.48).

Personality type- A & B :

A accurate theme in the study of stress-related physical disorders has tried to link specific disorders with specific personality type-A, psychodynamic approach or specific attitude towards life. A few decades ago many investigators felt that, is there any migraine, hypertensive or ulcer "Personality"? a Dunbar (1935) found on the basis of interviews with patients that eczema sufferers were self-punitive, frustrated, helpless and hungry for affection; they were the children of conscientious but emotionally distant parents. Migraine patient were hardworking, conscientious, perfectionistic and

committed to a variety of "good causes".

The **type-A** individual has an intensive and competitive drive for achievement and advancement; an exaggerated sense of urgency of passing time, of need to hurry; and considerable aggressiveness and hostility towards others. Type-A persons are overcommitted to their work, often attempt to carry on two activities at once and believe that to get something done well, they must do it themselves. they cannot abide waiting in lines and they play every game to win, even when their opponent are children they are impatient and hostile. Fast thinking, fast talking and abrupt in gesture, they often giggle their knees, tap their fingers, and blink rapidly, too busy to notice their surroundings or to be interested in things of beauty, they tabulate success in life in numbers of articles written, projects under way, and material goods acquired. The **type-B** individuals, on the other hand, is less, driven and relatively free of such pressures. Type-A and B individuals have been reliably identified by means of structured interview (Rosen man et. at. 1964), in which questions are asked about the intensity of ambitions, competitiveness, the urgency of deadlines, and hostility.

"A comparative study of the personality pattern of person suffering from psychosomatic and functional disorders."

STATEMENT OF THE PROBLEM :

Psychosomatic disease is real disease involving damage to body. These disorders should be distinguished from conversion

disorders. conversion disorders do not involve actual organic damage to body and they are generally considered to affect functions of the voluntary musculature. In contrast, in psychosomatic disorders body tissues are damaged.

Because psychosomatic disorders represent true physical defunctions, medications are usually called for. The general aim of psychotherapies for these disorders is to reduce anxiety. Behavioural medicine, a new field of specialization in behaviour therapy tries to find psychological interventions that can improve the patient's physiological state.

The psychosomatic symptoms and disorders are quite common in industrialised societies. In our modern civilization, psychosomatic disorders have become a major health problem. At least one out of every two patients seeking medical aid , is suffering from illness related to emotional stresses. Although psychosomatic disorders are not frequent during the periods of young and middle adulthood, they may occur any period from early childhood to old age (Erfmann,1962).

In the light of above statement the title of the present investigation may be as follows : "A comparative study of the personality pattern of person suffering from psychosomatic and functional disorders."

Psychosomatic person and person having functional disorders have a typical type of personality pattern. In the present investigation an attempt is made to study the personality pattern of the person suffering from psychosomatic diseases or functional disorders

to findout if there is any specific pattern of their personality and to study whether these two groups differ in thier personality characterstics, from each other. In addition to these two groups a sample of normal person has also been workedout as a second group (control) having illness and compared with other groups, in order to find out the effect of somatic problems on the mental life and, personality pattern of the individual concerned.

NEED OF THE STUDY :

In over modern civilization, psychosomatic disorders have been become a major health problem. At least one out of every two patients seeking medical aid is suffering from an illness related to emotional stresses. psychosomatic disorders are not frequent during the periods of young and middle adulthood, they may occur in any period from early childhood to old age (Erfmann,1962). Infact, Dunbar (1943) has concluded that it is often "more important to know what kind of patient has the disease than what kind of disease the patient has sociocultural and political conditions alongwith economic recessions remarkably increase the stressfulness of living tend to play havoc with the human organism and lead to the increased incidence of psychosomatic disorders as well as other physical and mental illls. (Montago,1961).

The present study will help in understanding personality pattern of the psychosomatic person and person suffering from functional disorders. It will through light on different type of personality

pattern of both the groups i.e. male and female. the findings of the study will reveal that which type personality traits are responsible for psychosomatic and functional problems. Then we can try to present these disorders with the help of psychological measures. In addition to this, psychosomatic problems came out to be a case of summation of allergic and emotional stress. In brief, the result of the present study may provide the knowledge which may be valuable for prediction, prevention, diagnosis, treatment and management of such cases.

AIMS AND OBJECTIVES :

Following are the major objectives of the present investigation-

- (i) Person with somatic illness, Psychosomatic diseased person and person with functional disorders problem differ with normal person in their personality pattern.
- (ii) Both the groups i.e. psychosomatic diseased and functional disorders differ from person who suffer with somatic illness.
- (iii) Personality pattern of psychosomatic diseased person differ from the person having functional disorders problems.

HYPOTHESIS :

On the basis of above mentioned objectives the following hypothesis will be formulated for examination.

- (i) Person suffering from somatic illness are likely to be different in their personality make up with that

of normal person.

- (ii) Psychosomatic diseased person are likely to have different personality than the normal person.
- (iii) Person suffering from functional disorders are likely to differ in their personality structure than the normal person.
- (iv) Psychosomatic disease person are likely to be different in their personality structure than the person suffering from somatic illness.
- (v) Person suffering from functional disorders are likely to differ from the person suffering from somatic illness.
- (vi) Psychosomatic disease person are likely to be different in their personality structure than the person suffering from functional disorders.

LIMITATIONS :

The present study will be confined to the person of average socio-economic status with age group of 25 to 35 years. The population of the present study will be comprised equal number of male and female person.

RESEARCH MATHODOLOGY :

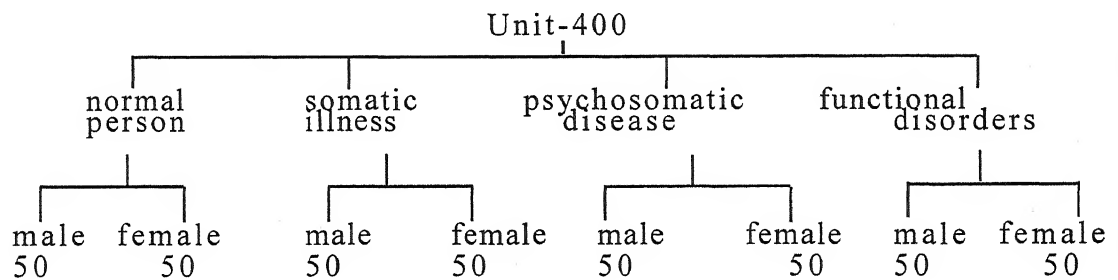
The research problem has already been stated in chapter- I. The methodological designs of the study have now been set out in under following sections.

1. Sample.

2. Research design.
3. Tools of the study.
4. The collection of data.
5. The statistical analysis.

1. SAMPLE :

For the purpose of verification of hypothesis a sample of 400 person of average socio-economic-status with age group of 25-35 years of both sex was selected as per schedule given below :-



All the four groups matched for age, sex, education and socio-economic status. The quota sampling procedure was adopted, (50 male and 50 female) selected from each group. Thus the total number of units were four hundred.

2. RESEARCH DESIGN :

The present study being concerned with the study of the personality pattern of person belonging with psychosomatic disease, somatic illness, & functional disorders. An Ex-post-Factor research design was considered suitable for the study. Actually the present study is of exploratory nature, in which the independent variables have already occurred and the researcher starts with the

observation of dependent variables. Then the independent variable are studied in respect for their possible relations and effect on dependent variables. Following are the variables which were studied in the present peice of work.'

Independent Variables :

I	Normal person.
II	Somatic illness.
III	Psychosomatic disease.
IV	Functional disorders.

Dependent Variables : 16 Personality Factors

3. TOOLS OF THE STUDY :

The present study is concerned with the personality pattern of person suffering from psychosomatic disease and functional disorders of average socio-economic status. The standerized test were available for the measurement of personality and socio-economic status. The following tools were used for the data collection in the present study.

- I. 16 personality factor questionnaire - R.B.Cattell,
- II. Socio-economic status scale - S.P. Kulshrestha.

1. Sixteen Personality Factor Questionnaire- R.B.Cattell

There are numerous personality test available in English and Hindi to measure the personality factors of individuals. But here researcher selected 16 personality factors questionnaire of Cattell, which was translated in Hindi by S.D.Kapoor (1970) due to following factors.

- I. The Inventory is in Indian language i.e. Hindi.
- II. It contains very brief and clear instructions.
- III. In items of multiple choice the respondents have simply to mark their choice.
- IV. It gives the maximum information in shortest possible time about the greatest. number of dimensions of personality.
- V. Hardly 45 minutes time is required to give the responses on the inventory, thus, has neither fatigue nor boredom effect on the respondent.
- VI. It is convenient in administration and scoring. The inventory consists of 187 multiple choice items. The respondents are required to put tick on answer according to their choice. Generally it takes 45 minutes to complete the inventory. However there is no time limit for it and sufficient time is allowed to the subjects to give their responses conveniently. It is primarily meant for the young adults.

2. Socio-economic Status Scale - Kulshrestha :

The term "Socio-economic Status" refers of any group of person coming closer to each other on the continue of occupation, income, caste and culture. (Chapin 1928) has offered most widely used definition of "Socio-economic status" as "The position that an individual or family occupies with reference to the prevailing average standards of cultural possessions, effected income, material possession and position in group of the community".

The researcher has used Dr. S.P. Kulshrestha's Socio economic status scale which is more comprehensive, reliable and valid tool for recording the informations about the socio-economic status of urban (Form-A) as well as rural people (Form-B). Both the forms collect information about the following component variables.

- I. Parental and sibling's occupation,
- II. Parental and sibling's general education,
- III. Parental and sibling's technical education (For Form-A only),
- IV. Economic indicators,
- V. Cultural indicators,
- VI. Psychological Indicators.

Both the forms separately contain 20 items or statements each item is provided with-2 to 12 alternatives, The subjects are asked to make right (✓) for the due informations.

4. THE COLLECTION OF DATA :

The data was collected individually. In beginning, the researcher gave a orientation to the patient and was made acquainted with the purpose of the study. The subjects were assured that their responses would be kept strictly confidential. They were requested to answer frankly and give correct information.

At first socio-economic status scale was administrated to find out whether the person is to belong to average socio-economic status or not 2. After collecting all the data the investigator was ready for analysis to draw conclusions which are discussed

in the next chapters.

5. THE STATISTICAL ANALYSIS :

The statistical operation to be followed for the present investigation involved both the parametric and non-parametric technique. The parametric technique used includes computation of mean, S.D. and "t" test were mainly used for finding out differences between personality factors of two sub-groups.

Another method for interpreting the data used in the study is computation of profile-similarity co-efficient (rp) values and as well as plotting the profile, of two groups for the purpose of comparison and to find out the similarity or dissimilarity on all the personality factors simultaneously. The concept and the technique of profile similarity coefficient (rp) values was developed by R.B.Cattell (1969).

For calculating (rp) values, the formula used in the present study is a modified form of formula of R.B. Cattell's for group comparison for comparing profiles of groups. Looking the nomograph given on page 307 of R.B.Cattell's HandBook of 16PF. It was estimated that the weight which could be assigned to D^2 (square of the sten score differences). This was however co-related with significant differences between means of sixteen personality factors. The modified version of the formula is given below.

$$rp = \frac{16K - 100 \sum D^2}{16K + 100 \sum D^2}$$

D^2 values was multiplied with a constant of 100, This is also fits well with the nomograph values. Either values can be read from the nomograph or calculated by the above, formula is equal to each other. Therefore, it was taken for granted that the best matching weight to ΣD^2 is 100.

THE DATA : ANALYSIS AND FINDING :

The data thus obtained were put to rigours statistical operations like powerful 't' test, and profile similarity co-efficient (rp) values have also been obtained alongwith profile preparations. The statistical analysis and interpretations have been described in this chapter under following two parts.

- 1- In the first part 't'- test, have used for finding out significant differences between two groups of normal and person suffering from somatic illness, psychosomatic disease, and functional disorders, on 16 personality factors. 't' test, which is a powerful test is applied to observe intergroup differences.
- 2- Another statistics for calculating and interpreting data is to compute the profile similarity co-efficient (rp) values the technique developed by R.B. Cattell (1969) through which the two group could be compared with for finding out similarity or dissimilarity on the sixteen personality factors for the two groups under investigation. For plotting of the profiles of 16

personality factors, the simple procedure has been applied as follow on Oy axis the sten score disperson from mean is taken while on Ox axis the sixteen personality factors are put for comparison. For the purpose of calculating the profile similarity co-efficient (rp) values and as well as for plotting the profiles the sten scores have been rounded upto the nearest decimal point.

The whole study attempted to answer the following questions.

- i- Is there any significant difference between the personality pattern of normal person and person suffered from somatic illness.
- ii- Is there any significant difference in the personality pattern of normal person and person suffering with psychosomatic disease.
- iii- It there any significant difference in the personality pattern of normal person and the person suffering with functional disorders.
- iv- Is there any significant difference between the personality pattern of person with somatic illness and person with psychosomatic disease.
- v- Is there any significant difference in the personality pattern of person with somatic illness and the person suffering with functional disorder.
- vi- Is there any significant difference in the personality

pattern of person with psychosomatic disease and the person suffering with functional disorders.

PART-1 : COMPARISON OF NORMAL PERSON AND PERSON WITH SOMATIC ILLNESS :

In this section an attempt has been made to study and compare the personality of normal person and person with somatic illness on 16 personality factors. One hundred units from normal person (fifty male and fifty female) and the same number of person suffering from somatic illness (fifty male and fifty female) were selected. All of the units were from average socio-economic status groups. This section for comparison is divided into the following three subgroups:

- i. Comparison of personality pattern of normal person and person with somatic illness.
- ii. Comparison of personality pattern of normal male and male belonging with somatic illness.
- iii. Comparison of personality pattern of normal female and female belonging with somatic illness.

CONCLUSIONS :

Mean stens on personality factors (significant on 't' value) and (rp) values of normal and somatic illness groups, are presented in table no.15. On the basis of the results obtained the following conclusions may be drawn.

(i) The Total Population :

- i. The normal groups ($N_1=100$) & somatic illness groups ($N_2=100$) have a similar personality pattern. There was not any significant mean difference on any of the personality factors between the person of normal groups and person suffering from somatic illness group.
- ii. The r_p value $+0.56$ reveals that the normal and somatic illness groups have similar personality pattern.

(ii) Male Population :

When male normal ($N_1=50$) and male with somatic illness ($N_2=50$) groups were compared, the follow results were obtained.

- (i) Male with somatic illness have a higher mean stens on personality factor 'A' and 'I' with that of normal male significant at .01 and .05 level respectively.
- (ii) Normal male have a higher mean sten on personality factor O and Q_4 with that of male with somatic illness significant at .01 and .05 level respectively.
- (iii) The r_p value for all the sixteen personality factor's between normal male and male with somatic illness is equals to -0.04 ($P<.01$) indicated an inverse relationship between the two groups.
- (iv) On factor A,I,O& Q_4 , the r_p value obtained was $-.64$ significant at .01 level. It reveals an inverse relationship between the normal male and male with somatic illness, as for as the personality factor A,I,O& Q_4

are Concerned.

(iii) Female Population :

When female normal ($N_1=50$) and female with somatic illness ($N_2=50$) groups are compared the following results were obtained.

- (i) Female with somatic illness have a higher mean sten on personality factor M & O with that of normal female. The 't' value is significant at .01 and .05 level respectively.
- (ii) The rp value for all the sixteen personality factors between normal female and female with somatic illness is equal to -.14. Which is not significant at any level.
- (iii) On factor M & O the rp value obtained was -0.72 ($P<.01$), also reveals an inverse relationship between the normal female and female with somatic illness an above mentioned factors.

PART-2 : COMPARISON BETWEEN NORMAL PERSON AND PERSON WITH PSYCHOSOMATIC DISEASE :

In this section an attempt has been made to study and compare the personality of normal person and person suffering with psychosomatic disease on 16 personality factor. One hundred units from normal person (fifty male and fifty female) and the

same number of psychosomatic diseased person (fifty male and fifty female) were selected. All of the units were from average socio-economic status group. This section for comparison is divided into the following three subgroups.

- (i) Comparison of personality pattern of normal person and person suffering with psycho-somatic disease.
- (ii) Comparison of personality pattern of normal male and male belonging with psychosomatic disease.
- (iii) Comparison of personality pattern of normal female and female belonging with psychosomatic disease.

CONCLUSION :

Mean stens on personality factors (significant on 't' value and rp values) of normal and psychosomatic diseased groups, are presented in table no.22. On the basis of results revealed in table no.22. The following conclusions may be drawn.

(i) The Total Population :

Total population means one hundred normal person and one hundred person belonging to psychosomatic diseased person. Comparison on the basis of 't' test and profile similarity coefficient (rp) value following results are obtained.

- (i) There are four personality factor i.e. A,C,F,G on which significant differences are obtained. The mean stens of person belonging with psychosomatic disease are higher with that of normal person on factor A,

C and F ($P < .05$).

- (ii) Normal person group have higher mean stens on personality factor 'G' ($P < .01$) with that of person belonging with psycho-somatic disease. On rest of the twelve personality factors significant differences were not obtained between the two groups.
- (iii) The r_p value between the normal person and person belonging with psychosomatic disease is equals to $-.04$, which is insignificant and this indicates that there is not any relationship between the two groups.
- (iv) The factors on which 't' values were found significant i.e. A, C, F and G, the r_p value was obtained -0.51 significant at $.01$ level.

(ii) Male Population :

When male normal ($N_1=50$) and male belonging with psychosomatic disease ($N_2=50$), groups are compared. The following results were obtained.

- (i) On factors A, C and I male belonging with psychosomatic disease have higher mean sten with that of normal male. On factor A and C, the mean differences are significant at $.01$ level, while on factor I the mean differences is significant at $.05$ level.
- (ii) The normal male have higher mean stens on factor E, G and Q_2 with that of male belonging with psycho-somatic disease.

- (iii) On factor E and Q_2 the mean differences are significant at .05 level, while on factor G the mean difference is significant at .01 level.
- (iv) The r_p value for all the 16 personality factors between normal male and male belonging with psychosomatic disease is equal to -0.33 indicates a significant inverse relationship.
- (v) On factors A,C,E,G,I and Q_2 the r_p value obtained was -0.68 ($P < .01$) also reveals inverse relationship between. The normal male and male belonging with psychosomatic disease on above mentioned six personality factors.

(iii) Female Population :

When female normal ($N_1=50$) and female belonging with psychosomatic disease ($N_2=50$) groups are compared the following results are obtained.

- (i) Female belonging with psycho-somatic disease group have higher mean sten, factor E, F, Q_3 and Q_4 ($P < .01$), with that of normal female group.
- (ii) The profile similarity co-efficient (r_p) value for all the sixteen personality factors is equals to -0.48 ($P < .01$) indicate an inverse relationship between the two groups.
- (iii) The profile similarity co-efficient (r_p) value on factors E,F, Q_3 and Q_4 are obtained -0.86 ($P < .01$), also reveals inverse relationship between normal female and female belonging with psychosomatic disease.

PART-3 : COMPARISON OF NORMAL PERSON AND PERSON WITH FUNCTIONAL DISORDER

In this section an attempt has been made to study and compare the personality of normal person and person suffering with functional disorders on 16 personality factors. One hundred units from normal person (fifty male and fifty female) and the same number of person suffering from functional disorders (fifty male and female) were selected. All the units selected were from average socio-economic status group. This section for comparison is divided in following three subgroups :

- (i) Comparison of personality pattern of normal person and the person suffering with functional disorders.
- (ii) Comparison of personality pattern of normal male and male suffering with functional disorders.
- (iii) Comparison of personality pattern of normal female and female suffering with functional disorders.

CONCLUSION :

Mean stens on personality factors (significant on 't' value) and (rp) values of normal and functional disorder groups ,are presented in table no.29. On the basis of results revealed in table no.29. The following conclusions may be drawn.

(i) The Total Population :

Total population mean, one hundred normal person and

one hundred person suffering with functional disorders. The comparison was done on the basis of 't' test and profile similarity coefficient (rp) value. The following results are obtained.

- (i) Normal person have a higher mean stens on personality factor C,G,H and Q_3 , with that of person suffering with functional disorders, significant at .01 level.
- (ii) Person suffering with functional disorders have a higher mean stens on personality factor F,I,M,O and Q_4 with that of normal person, significant at .01 level.
- (iii) The person suffering with functional disorders have a higher mean sten on personality factor E and Q_2 with that of normal person, significant at .05 level.
- (iv) The rp values for all the sixteen personality factors between normal person group and person suffering with functional disorders group is equals to -0.58 ($P < .01$) indicats a significant inverse relationship.
- (v) On which 't' value was significant (C,E,F,G,H,I,M,O, Q_2 , Q_3 and Q_4) rp value was obtained -0.70. It is also significant at .01.

(ii) Male Population :

When normal male ($N_1=50$) and male suffering with functional disorders ($N_2=50$) groups are compared the follows results were obtained.

- (i) Normal male group have a higher mean stens on personality factors C,G, & H ($P < .01$) with that of the male

suffering with functional disorders,

- (ii) Male suffering with functional disorders have a higher mean stens on personality factor I and O ($P < .01$) with that of normal male group.
- (iii) Male suffering from functional disorders have a higher mean stens on personality factor A and F ($P < .05$) with that of normal male group.
- (iv) The r_p value for all the sixteen personality factors between normal male and male suffering with functional disorders is equals to $-.61$ ($P < .01$) indicated and inverse relationship.
- (v) The factors A,C,F,G,H,I,O on which 't' value was significant the r_p value obtained was -0.81 ($P < .01$). This also reveals inverse relationship between both the group with regards the personality factors i.e. A,C,F,G,H,I & O.

(iii) Female Population :

When normal female group ($N_1=50$) and female suffering with functional disorders ($N_2=50$) groups are compared the follows results were obtained.

- (i) Normal female group have a higher mean sten on personality factor H with that of male suffering with functional disorders significant at .01 level respectively.
- (ii) Female suffering with functional disorders have a higher mean sten on personality factors E,F,M,O, Q_4 ($P < .01$) B,G and Q_3 ($P < .05$) with that of normal female group.

- (iii) The r_p value for all the sixteen personality factor between normal female group and female suffering with functional disorders is equals to -0.69 ($P < .01$) indicated and inverse relationship between both the groups.
- (iv) The factors on which 't' value was significant (B,E,F,G,H,M,O,Q₃ & Q₄) the r_p value obtained was -0.81 ($P < .01$), it also reveals an inverse relationship between the normal female and female with functional disorders.

PART-4 : COMPARISON OF PERSONS WITH SOMATIC ILLNESS AND PSYCHOSOMATIC DISEASE

In this section an attempt has been made to study and compare the personality pattern of person with somatic illness and person suffering with psychosomatic disease. For this purpose this section has been described in the following three full groups.

- (i) Comparison of personality pattern of persons with somatic illness and person suffering from pschosomatic diseases.
- (ii) Comparison of personality pattern of male with somatic illness and male with psycho-somatic diseases.
- (iii) Comparison of personality pattern of female with somatic illness and females with psycho-somatic diseases.

CONCLUSION :

Mean stens on personality factors (significant on 't'

value) and r_p values between the two these groups are presented in table no.36 On the basis of results revealed in table no.36 the following conclusions may be drawn.

(i) The Total Population :

The total population means, one hundred person (50 male and 50 female) suffering from somatic illness and one hundred person (50 male and 50 female), suffering from psychosomatic disease. The comparison was done on the basis of 't' test and profile similarity co-efficient (r_p) values. The following results were obtained.

- (i) There are only two personality factor i.e. G and Q_4 on which significant differences at .05 and -.01 level were obtained.
- (ii) Mean stens of the person with psychosomatic are higher with that of person with somatic illness on factor Q_4 and G factor person with somatic illness have higher mean sten with that of psychosomatic disease.
- (iii) On the rest of the 14 personality factors not any significant differences were obtained between the two groups.
- (iv) r_p value between the person with the somatic illness and the person with psychosomatic disease is equals to +0.11 which indicates insignificant similarity of personality pattern between both the groups.

- (v) The factors on which 't' value was significant i.e. G and Q_4 rp value was obtained -0.59 (N.S.).

(ii) Male Population :

When male with somatic illness ($N_1=50$) and male with psycho-somatic disease ($N_2=50$) were compared the follows results were obtained.

- (i) The male with psychosomatic disease have a higher mean sten on personality factor 'c' with that of male with somatic illness ($t=2.59$, $P<.01$)
- (ii) The male with somatic illness have higher mean stens on factor G, Q_2 ($P<.01$) and factor H ($P<.05$), with that of male with psychosomatic disease.
- (iii) The rp value for all the sixteen personality factors between both the group is equals to -0.21 (N.S.).
- (iv) On factor (C,G,H & Q_2) the rp value obtained was -0.75 ($P<.01$). This reveals an inverse relationship between both the group i.e. male with somatic illness, and male with psychosomatic disease.

(iii) Female Population :

When female with somatic illness and ($N_1=50$) and female with psychosomatic disease $N_2=50$ were compared the following result were obtained.

- (i) The female with psychosomatic disease have a higher mean score on factor E, Q_4 ($P < .01$) and on factor Q_3 ($P < .05$), with that of female with somatic illness.
- (ii) The female with somatic illness have a higher mean score on factor O with that of female with psychosomatic disease. The 't' value is significant at .05 level.
- (iii) The r_p value for all the sixteen personality factors between both the groups is equal to -0.42 ($P < .01$) indicating an inverse relationship between both the groups.
- (iv) On factors E, O, Q_3 , Q_4 the r_p value obtained was -0.79 ($P < .01$), reveals that both the groups under study are dissimilar in their personality pattern.

PART-5 : COMPARISON OF PERSON WITH SOMATIC ILLNESS AND PERSON WITH FUNCTIONAL DISORDERS

In this section an attempt has been made to study and compare the personality pattern of person with somatic illness and person suffering with functional disorders. For this purpose this section has been described in the following three sub-groups.

- (i) Comparison of personality pattern of person suffering from somatic illness and person suffering from functional disorders.
- (ii) Comparison of personality pattern of male belonging with somatic illness and male belonging with functional

disorders.

- (iii) Comparison of personality pattern of female belonging with somatic illness and female suffering with functional disorders.

CONCLUSION :

Mean scores on personality factors significant on 't' values and (rp) values of the somatic illness group and person suffering with functional disorders are presented in table No.43. The comparison on personality factors are given on basis of following three points.

(i) The Total Population :

Total population means one hundred units (50 male and 50 female) belonging to somatic illness and one hundred units (50 male and 50 female) suffering with functional disorders. The comparison was done on the basis of 't' test and profile similarity co-efficient (rp) value. The following results are obtained.

- (i) The somatic illness group have significantly higher mean scores on personality factors C, H, Q₃ ($P < .01$) B, G and Q₃ ($P < .05$) with that of functional disorder group.
- (ii) Person suffering with functional disorders have higher mean scores on factors F, I, O, Q₂ and Q₄ significant at .01 level. While on factor E the mean differences is Significant at .05 with of somatic illness group.

- (iii) The r_p value for all the sixteen personality factors between the two groups i.e. (somatic illness and person disease with functional disorders) is equal to -0.61 ($P < .01$). It reveals a significant dissimilarity between both the groups as far as the sixteen personality factors are concerned.
- (iv) On eleven factors i.e. B, C, E, F, G, H, I, O, Q_2 , Q_3 and Q_4 the r_p value obtained was -0.72 ($P < .01$). This also reveals an inverse relationship between both the group.

(ii) Male Population :

On comparing the male with somatic illness ($N_1=50$) and male suffering with functional disorders ($N_2=50$) the following results were obtained.

- (i) Male group with somatic illness have scored significantly higher mean scores on personality factors G ($P < .05$), C and H ($P < .01$) with that of male belonging to functional disorders.
- (ii) Male belonging to functional disorders have significantly higher mean scores on factors F, I, O and Q_4 ($P < .01$) with that of male group with somatic illness.
- (iii) The r_p value for all the 16 personality factors between male group of somatic illness and male suffering with

functional disorders is equals to -0.67 ($P < .01$), indicates that both the groups are not similar on their personality pattern.

- (iv) The profile similarity co-efficient r_p value on factors C, F, G, H, I, O and Q_4 was obtained -0.85 ($P < .01$). It also reveals an inverse relationship between male groups of somatic illness and male with suffering with functional disorders.

(iii) Female Population :

On comparison female with somatic illness ($N_1=50$) and female with functional disorders ($N_2=50$), the following results were obtained.

- (i) The female groups of somatic illness have significantly higher mean stens on personality factors B, C, H and Q_3 with that of female suffering with functional disorders. For all the personality factor the 't' values were significant at .01 level.
- (ii). Female group with functional disorders have significantly higher mean stens on factors E, F, I, Q_2 and Q_4 with that of female with somatic illness. For all the personality factors the 't' values were significant at .01 level.
- (iii) The r_p value for all the sixteen personality factors between both the groups is equals to -0.62 ($P < .01$)

reveals that both the groups are not similar on their personality pattern.

- (iv) On factors B,C,E,F,H,I,Q₂,Q₃ and Q₄ the r_p value obtained was -0.77 ($P < .01$), reveals that both the group under study are dissimilar in their personality pattern.

PART-6 : COMPARISON OF PERSON WITH PSYCHOSOMATIC DISEASE AND PERSON WITH FUNCTIONAL DISORDERS

In this section an attempt has been made to study and compare the personality pattern of person with psychosomatic disease and person suffering with functional disorders. For this purpose this section has been described in the following three sub-groups.

- (i) Comparison of personality pattern of person belonging with psychosomatic disease and person belonging with functional disorders.
- (ii) Comparison of personality pattern of male suffering with psychosomatic disease and male suffering with functional disorders.
- (iii) Comparison of personality pattern of female suffering with psychosomatic disease and female suffering with functional disorders.

CONCLUSION :

Mean scores on personality factors (significant on 't'

values) and r_p value of the psychosomatic disease group and person suffering with functional disorders are presented in table no.50. The comparison on personality factors are given on the basis of following three points.

(i) The Total Population :

Total population means one hundred units (50 male 50 female) belonging with psychosomatic disease and one hundred units (50 male, 50 female) suffering with functional disorders. The comparison was done on the basis of 't' test and profile similarity co-efficient (r_p) values. The following results are obtained.

- (i) The psychosomatic disease group have significantly higher mean stens on personality factors i.e. C, H, Q_3 , ($P < .01$), L and N ($P < .05$) with that of person suffering with functional disorders.
- (ii) On the other hand person suffering with functional disorders have scored significantly higher mean stens on five personality factors i.e. F, M, O, Q_2 and Q_4 ($P < .01$) with that of psychosomatic disease group.
- iii) The profile similarity coefficient (r_p) value for all the sixteen personality factors between the two groups (i.e. psychosomatic disease group and group suffering with functional disorders), obtained was -0.57. The r_p value is significant at .01 level. It reveals that both the group are not similar in their personality pattern.
- (iv) The profile similarity co-efficient (r_p) value for 11 personality

factors (significant on 't' value) for the two group under study was -0.77. The r_p value indicates a dissimilarity at .01 level. Between the two groups with reference to eleven personality factor i.e. C,F,H,I,L, M,N,O,Q₂,Q₃ and Q₄.

(ii) Male Population :

On comparing male population belonging to psychosomatic disease with male suffering with functional disorders the, following results were obtained.

- (i) Male group with psychosomatic disease have scored significantly higher mean stens on personality factor C and H ($P < .01$) with that of male suffering with functional disorders.
- (ii) Male suffering with functional disorders have scored significant higher mean stens on six personality factors i.e. E,F,I ($P < .05$), O,Q₂ and Q₄ ($P < .01$), with that of male with psychosomatic disease group.
- (iii) The profile similarity co-efficient (r_p) value for all the 16 personality factors between the two groups i.e. psychosomatic disease. male group and male suffering with functional disorders was obtained -0.67. The r_p value is significant at .01 level. It reveals that both the groups are not similar on their personality pattern.
- (iv) The profile similarity co-efficient (r_p) value for eight

personality factors significant on 't' value for the two group under study was -0.83. The rp value indicate dissimilarity at .01 level, between the two groups with reference to eight personality factor i.e. C,E,F, H,I,O,Q₂ and Q₄.

(iii) Female Population :

On comparing female population belonging to psychosomatic disease and female belonging to functional disorders, the following results were obtained.

- (i) The psychosomatic disease female group have scored significantly higher mean stens on four personality factors i.e. C,N (P<.05), H and Q₃ (P<.01) with that of female suffering with functional disorders.
- (ii) Female suffering with functional disorder have scored significantly higher mean stens on four personality factors i.e. M,O,Q₄ (P<.01) and Q₂ (P<.05) with that of female belonging to psychosomatic disease.
- (iii) The profile similarity co-efficient (rp) value for all the 16 personality factors between the two group was obtained -.57 (P<.01). It reveals that both the groups are not similar in their personality pattern.
- (iv) The profile similarity co-efficient (rp) value on factors significant on 't' values for the two groups was obtained -0.77 (P<.01) also indicates dissimilarity of personality pattern as for as the eight personality factors i.e. C,H,M,N,O,Q₂,Q₃ and Q₄ are concerned.

SUGGESTIONS FOR FURTHER RESEARCH WORK :

Certain suggestions for further research work in this field are to be offered by the present investigator on the basis of experience and insight gained during the course of study.

- 1- Advances in physiological psychology and neuroendocrinology, together with epidemiological studies, have added new dimensions to psychosomatic research. Psychological influences still are accepted as Exacaroators or trigger mechanism if less often as causes. In some further research it should be worked out that emotional factors are causes or effect of the disease.
- 2- Some of the workers have reported different types of personality characteristics in different types of psychosomatic patients. In further research work it should be made clear what are those variables which are responsible for different types of characteristic in a particular psycho-somatic diseases.
3. Contradictory findings about personality characteristics, difference between the different types of psychosomatic disorders, controversy between the characteristics of psychosomatic and neurotics, differences between the cases of unknown and known etiology, emphasis on multifactorial explanation of psychosomatic illness suggest that in some further research work major psychosomatic formulation need to be subjected to rigorous and searching analysis by

variety of techniques with the help of undisciplinatory approach.

4. According to researcher personality has been classified in two category that is type-A and type-B. A study can be done on these lines also.
5. Studies on the various psychosomatic disorders, neurotic and psychatic and functional disorders patience can also be perform.

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APPENDIX

APPENDIX - 1

(i) Sten score of normal person on 16 personality factors.

SNo	SEX	SIXTEEN PERSONALITY FACTORS															
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	
1	M A L E	5	3	5	9	7	4	5	4	5	6	5	6	4	3	5	7
2		5	1	2	4	6	3	5	4	8	6	7	6	7	6	7	4
3		6	2	3	7	8	4	7	9	5	6	4	6	7	7	5	6
4		6	3	4	7	6	4	4	8	9	7	1	8	5	7	6	8
5		5	1	5	7	4	4	5	7	7	6	3	6	6	5	6	7
6		5	3	5	5	6	2	5	5	4	4	5	6	6	5	7	6
7		5	4	3	8	4	6	5	6	7	6	2	6	6	7	5	6
8		6	6	3	3	4	3	6	6	4	7	6	8	7	5	6	7
9		5	5	2	7	5	5	4	8	9	3	5	9	8	6	5	4
10		6	5	3	4	5	8	4	6	9	4	3	8	5	7	3	8
11		4	4	5	5	4	5	6	6	5	5	3	8	8	7	3	8
12		6	3	4	7	3	4	5	5	4	7	3	8	6	7	3	7
13		6	5	5	5	5	6	5	6	7	6	7	7	5	4	6	7
14		6	4	6	4	4	6	7	6	5	6	5	6	8	6	4	7
15		6	5	2	6	4	5	6	5	9	3	6	7	6	6	3	5
16		5	4	5	7	6	6	6	9	3	3	4	5	7	5	4	6
17		5	4	5	5	4	4	5	6	6	5	4	5	9	5	4	6
18		4	3	4	7	5	4	6	6	7	9	7	5	7	7	5	7
19		7	7	2	8	3	7	5	5	7	5	2	6	6	3	5	6
20		5	3	3	7	5	5	6	3	7	5	4	6	6	7	7	7
21		6	4	4	5	4	4	4	3	10	7	5	5	9	5	7	7
22		4	4	5	4	5	3	6	7	7	6	3	6	7	7	5	6
23		6	3	7	7	4	2	5	5	5	5	3	7	7	4	7	7
24		5	3	4	7	6	3	6	5	4	10	5	6	4	3	4	6
25		5	2	5	5	8	4	6	6	7	8	4	8	7	5	6	5
26		7	4	5	4	5	2	7	4	5	5	6	7	8	5	3	6
27		6	1	5	7	5	4	5	8	5	6	4	6	6	5	6	6
28		5	1	3	3	5	6	5	7	8	3	4	9	7	7	2	7
29		5	3	2	9	6	4	4	7	6	3	4	8	4	6	3	3
30		6	5	5	5	5	5	4	8	7	6	4	9	4	7	7	8
31		5	5	3	8	5	1	5	6	9	6	8	9	6	6	5	8
32		3	6	3	5	7	6	7	5	7	5	7	5	4	6	5	4
33		6	6	6	7	2	4	6	7	4	5	5	7	7	7	7	5
34		6	5	3	6	4	4	6	7	7	8	5	8	7	8	5	6
35		6	6	5	7	5	5	6	8	9	7	2	4	7	5	7	6
36		5	3	4	7	4	4	4	6	7	8	8	6	7	5	2	9
37		5	8	6	9	3	8	7	4	6	8	6	7	8	7	9	3
38		4	4	4	5	5	5	6	7	6	5	6	7	4	7	5	7
39		5	4	4	7	5	5	6	6	4	4	4	6	7	7	3	7
40		5	3	4	4	3	4	6	6	7	6	4	8	4	5	6	3
41		6	4	3	5	6	4	5	5	5	9	5	7	6	7	4	6
42		5	6	5	6	2	6	6	8	7	5	3	6	7	6	7	6
43		6	1	6	7	4	4	5	6	7	4	7	5	7	5	2	6
44		5	5	5	6	2	3	7	6	7	7	5	7	7	8	5	5
45		6	2	5	7	6	8	6	6	8	6	5	6	7	7	4	7
46		5	4	4	8	4	4	6	6	7	5	4	6	8	7	3	7
47		5	1	5	5	4	3	4	4	7	6	7	6	6	7	6	5
48		6	5	5	7	4	3	5	7	5	8	5	7	7	8	5	5
49		6	6	5	4	6	4	6	6	9	6	5	6	7	6	5	6
50		7	3	4	7	2	5	7	4	5	7	6	8	10	5	3	6

(ii)

SNo	SEX	SIXTEEN PERSONALITY FACTORS															
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	
51	F E M A L E	3	8	2	9	6	5	6	1	5	3	6	5	8	5	3	7
52		3	6	7	4	4	6	7	5	2	8	3	6	4	7	5	4
53		2	7	4	4	2	5	5	8	7	7	10	4	5	9	5	2
54		3	5	4	5	4	1	8	6	6	7	8	6	8	9	6	4
55		8	3	3	4	4	5	5	6	8	5	3	6	7	7	4	5
56		7	5	4	4	5	6	4	5	7	3	7	9	5	6	4	5
57		6	1	1	6	4	7	5	6	6	6	10	7	4	8	4	6
58		4	8	6	4	3	6	6	3	3	6	6	6	3	5	4	2
59		3	5	3	5	6	6	5	4	7	7	6	5	6	5	5	5
60		4	4	4	7	5	3	6	2	7	4	6	4	7	6	5	6
61		5	4	4	7	6	3	5	4	4	6	1	6	6	8	4	5
62		4	6	6	5	5	5	5	4	7	4	5	4	9	7	6	6
63		5	3	3	7	6	6	4	4	9	4	6	8	4	9	7	5
64		3	5	4	6	6	7	6	2	10	4	8	5	7	5	6	5
65		5	7	4	6	6	8	7	4	10	6	7	6	8	4	6	5
66		5	5	1	5	4	7	5	6	9	5	5	6	7	6	5	8
67		5	3	2	5	5	6	5	4	8	6	6	6	7	7	6	8
68		3	5	4	7	6	2	7	6	7	6	4	6	5	4	4	5
69		5	5	4	9	3	4	8	6	6	8	6	4	7	8	9	2
70		3	3	6	9	6	6	7	6	6	7	7	4	10	9	2	5
71		7	6	3	7	6	6	7	7	4	6	8	4	7	4	5	5
72		5	6	6	7	6	3	5	2	6	5	6	5	5	7	6	4
73		7	6	4	9	7	6	5	4	5	7	6	7	5	7	5	4
74		7	3	6	8	7	4	5	7	6	7	7	7	6	7	5	6
75		6	6	3	7	3	5	4	6	6	3	8	5	6	4	8	6
76		4	6	4	6	5	3	4	3	7	4	9	7	9	7	2	4
77		3	7	6	7	6	7	6	7	6	7	1	5	8	5	9	4
78		5	4	4	7	4	6	6	4	7	6	1	6	9	4	4	4
79		3	5	3	5	4	4	8	5	7	8	4	7	8	7	4	7
80		4	3	3	5	5	6	3	4	7	5	6	7	6	7	4	7
81		5	10	4	5	3	3	5	6	6	5	10	7	7	7	8	4
82		4	5	5	7	4	6	7	7	9	6	4	6	3	7	6	1
83		4	7	5	8	7	7	5	4	7	6	7	5	7	7	5	2
84		4	4	4	7	4	4	6	6	6	8	3	5	5	5	6	2
85		7	5	3	6	6	7	3	6	6	3	3	8	7	8	4	6
86		5	5	1	5	7	5	6	6	9	7	7	5	8	6	6	9
87		4	8	3	7	2	1	6	7	6	8	6	5	8	6	8	3
88		8	5	3	5	5	7	7	4	9	6	3	6	7	6	5	7
89		3	1	2	4	2	1	3	2	4	2	1	2	3	2	1	2
90		5	1	6	7	6	7	5	3	9	6	6	5	7	9	6	4
91		4	4	2	8	6	4	5	2	7	5	2	6	5	7	4	6
92		6	3	4	5	7	1	4	2	7	7	4	7	7	7	4	2
93		3	7	4	7	5	3	6	5	7	6	8	7	9	7	5	4
94		5	3	2	9	3	1	5	3	7	3	6	7	5	6	3	5
95		6	4	2	5	3	6	4	3	7	2	4	4	9	6	3	7
96		6	4	7	7	5	1	8	3	9	8	4	6	7	7	4	4
97		5	5	2	6	6	3	6	5	6	6	4	5	8	5	4	6
98		6	4	4	6	4	2	8	4	8	7	4	4	9	5	3	7
99		8	5	6	6	6	4	7	6	7	5	6	5	6	5	3	5
100		8	7	4	6	6	6	7	5	7	4	8	4	6	4	6	4

(iii)

(ii) Sten score of person suffering with somatic illness on 16 personality factors.

SNo	SEX	SIXTEEN PERSONALITY FACTORS															
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q
1	M A L E	5	6	6	4	6	5	7	7	3	3	4	5	3	7	6	7
2		6	5	6	7	4	7	7	6	5	6	9	5	9	6	5	5
3		6	7	5	4	4	3	7	6	5	2	9	5	6	5	6	4
4		6	3	6	4	5	2	6	8	9	8	3	6	9	5	6	6
5		4	6	4	5	4	6	6	8	9	6	7	8	4	5	4	6
6		6	4	3	7	3	8	7	10	3	7	9	7	4	3	7	6
7		5	6	5	6	1	6	6	6	5	5	4	7	4	6	3	5
8		5	7	5	5	4	8	8	8	8	9	3	5	9	6	9	2
9		4	8	6	1	6	4	6	8	10	6	9	8	7	10	3	4
10		6	2	5	5	4	6	5	6	6	5	4	6	8	8	4	7
11		6	2	5	4	6	1	5	6	6	8	7	5	8	6	5	4
12		7	2	5	6	6	2	5	5	8	5	6	5	10	6	5	4
13		7	3	5	4	4	1	4	9	5	5	7	6	4	4	3	4
14		7	1	7	5	3	2	6	5	9	7	3	6	5	4	6	4
15		5	1	5	5	5	2	6	6	7	6	6	6	6	6	7	4
16		7	3	5	2	5	4	6	8	7	8	7	8	9	8	7	6
17		7	4	3	2	8	4	5	6	4	8	5	5	10	6	7	4
18		6	1	3	5	4	1	5	5	7	4	4	6	8	8	5	3
19		6	4	3	6	4	7	4	6	7	6	6	6	6	7	3	6
20		5	6	3	2	2	6	5	10	4	6	7	5	7	7	7	3
21		5	7	3	8	3	6	6	5	8	6	3	5	8	8	5	6
22		6	3	4	6	4	1	5	6	8	5	4	7	8	5	2	6
23		6	9	2	3	4	7	5	5	8	7	7	6	7	6	5	6
24		5	6	3	4	4	5	5	6	8	5	3	5	10	8	3	7
25		5	7	6	5	7	6	5	6	7	6	3	6	9	8	3	6
26		7	4	2	8	4	7	4	7	8	5	4	7	7	7	4	7
27		5	3	3	6	3	4	5	6	7	6	5	5	5	8	5	7
28		4	5	3	8	3	7	6	9	7	4	4	6	4	3	2	7
29		6	4	4	6	3	7	7	6	7	6	1	4	6	10	3	7
30		6	2	5	8	5	3	5	8	6	3	4	6	6	6	3	6
31		6	3	4	6	4	6	6	6	7	7	4	5	5	5	2	7
32		6	3	5	9	6	1	5	8	5	4	2	6	7	7	3	8
33		6	1	6	6	5	2	6	6	7	4	3	5	4	5	5	6
34		6	3	6	5	6	2	4	6	5	4	4	7	7	3	3	6
35		5	4	6	9	5	4	5	8	7	3	7	7	5	5	5	6
36		6	4	5	8	4	4	5	7	9	4	7	4	6	7	5	5
37		7	4	4	5	2	4	6	7	8	6	6	7	9	5	5	3
38		5	2	4	7	3	5	6	6	7	7	7	6	6	5	3	3
39		4	3	3	6	6	6	5	6	8	6	5	6	8	4	5	6
40		7	4	4	7	5	5	5	6	7	6	4	6	7	5	5	6
41		7	1	3	5	4	2	6	8	5	5	5	8	5	7	4	6
42		9	4	3	8	5	4	6	6	7	6	5	8	4	6	6	7
43		7	5	5	8	3	5	6	6	10	8	4	8	4	7	6	6
44		7	4	3	8	3	4	7	6	6	6	4	7	6	6	7	6
45		7	3	4	7	6	2	5	6	8	7	7	7	6	6	5	6
46		6	5	5	6	4	4	6	8	8	7	5	5	7	5	2	6
47		9	4	3	8	5	5	6	5	7	6	8	5	7	7	4	6
48		5	6	5	6	5	7	6	8	6	4	4	6	10	7	7	5
49		6	5	2	5	4	2	3	4	7	4	6	5	9	5	6	6
50		7	6	3	3	5	5	6	8	5	7	7	5	5	4	7	4

SNo	SEX	SIXTEEN PERSONALITY FACTORS														
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃
51	F E M A L E	5	6	3	7	2	8	6	7	6	6	7	7	7	7	5
52		3	4	4	5	3	6	4	3	7	6	6	9	6	6	4
53		5	7	4	5	4	6	7	4	7	8	7	6	10	8	4
54		7	5	3	7	7	7	5	7	6	4	5	8	5	5	8
55		3	5	3	5	6	4	5	6	8	10	6	6	10	7	9
56		6	5	3	9	4	1	7	6	4	8	6	8	9	6	4
57		4	1	7	6	6	3	6	6	9	4	4	7	8	5	4
58		8	4	4	7	4	6	6	2	6	6	4	5	8	5	4
59		5	6	6	5	5	6	8	2	4	8	4	5	7	5	9
60		3	5	6	6	6	6	9	4	7	7	4	4	10	5	6
61		4	5	6	6	8	4	7	3	5	7	5	6	8	8	7
62		5	5	3	6	7	1	6	4	6	4	2	5	7	4	9
63		3	5	7	5	8	4	7	2	7	8	5	6	7	7	4
64		4	5	7	5	7	1	7	1	7	8	4	6	7	6	5
65		3	4	4	6	7	4	8	4	6	6	6	6	9	7	7
66		4	5	4	6	8	5	7	3	7	8	6	6	7	6	4
67		3	5	6	6	7	5	7	4	8	4	2	7	8	6	4
68		5	4	6	7	5	6	7	5	5	7	5	7	4	6	4
69		4	5	4	8	4	1	5	5	7	5	6	7	5	5	4
70		4	7	3	7	5	6	3	7	7	6	6	6	5	7	4
71		4	7	4	9	2	6	4	3	8	6	6	10	8	7	6
72		6	5	3	10	5	3	4	4	7	5	7	6	6	8	3
73		3	3	4	5	3	4	5	3	7	4	6	10	7	7	4
74		2	6	2	10	5	6	5	4	4	6	6	8	9	6	7
75		5	3	3	8	7	2	6	5	7	5	4	6	5	7	4
76		5	5	6	5	5	3	6	3	9	7	6	10	8	8	7
77		2	6	4	9	2	2	5	1	7	7	6	8	5	7	3
78		6	5	4	6	4	4	6	2	7	8	4	5	9	6	5
79		4	4	4	7	4	4	5	4	9	7	4	6	7	5	8
80		6	5	5	9	4	4	6	4	6	6	5	5	5	5	6
81		8	1	2	7	6	7	4	4	6	5	4	6	7	5	8
82		5	3	4	6	7	6	5	3	6	7	5	8	7	5	6
83		5	5	4	6	6	5	6	5	5	7	5	8	7	6	4
84		5	4	8	6	5	4	4	2	9	6	4	6	9	7	3
85		7	3	3	6	7	2	5	4	6	5	3	6	7	7	6
86		6	6	5	4	5	3	7	4	6	6	3	7	8	7	5
87		4	5	4	6	8	4	5	4	6	8	6	7	8	4	5
88		5	7	4	6	7	6	4	5	9	6	6	5	7	5	5
89		7	4	5	9	7	2	6	4	5	6	2	6	7	5	6
90		5	3	4	9	3	2	6	5	7	3	4	6	5	8	5
91		6	6	2	8	5	1	6	4	8	5	6	4	7	7	5
92		3	5	6	4	6	4	5	8	7	4	10	6	5	4	6
93		4	4	4	6	7	5	5	5	7	9	6	7	8	5	3
94		3	5	6	7	6	4	5	6	4	7	4	6	7	5	3
95		3	5	5	4	4	3	4	6	7	6	6	6	6	4	7
96		4	4	4	8	5	6	5	6	7	6	3	9	6	4	4
97		4	6	4	5	5	5	5	5	9	6	6	4	4	8	6
98		3	8	3	6	4	2	5	2	6	6	8	8	4	5	6
99		4	7	7	7	5	6	5	4	6	7	5	6	4	5	4
100		4	6	4	7	5	3	5	5	7	5	6	7	8	7	3

(iii) Sten score of person suffering with psychosomatic disease on 16 personality factors.

SNo	SEX	SIXTEEN PERSONALITY FACTORS															
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q
1	M A L E	7	4	6	7	4	4	6	8	9	8	3	7	8	5	6	4
2		6	3	5	8	4	4	7	6	9	6	4	7	4	7	5	7
3		6	4	7	5	5	1	6	7	8	9	5	7	4	4	4	5
4		6	3	8	7	7	2	5	6	4	8	4	5	5	5	3	5
5		4	6	4	5	4	4	5	6	7	6	4	7	7	3	4	5
6		4	3	5	5	6	5	6	9	7	8	5	8	7	7	3	6
7		6	4	6	7	4	4	5	7	7	6	6	6	5	6	5	6
8		4	4	4	7	5	4	4	6	7	9	4	6	7	6	8	7
9		7	4	2	8	5	3	6	8	9	6	4	5	9	6	6	7
10		6	6	3	7	4	2	6	6	7	5	6	7	5	7	4	5
11		10	2	3	5	7	6	5	4	5	2	7	7	7	6	7	5
12		7	6	4	5	7	4	3	6	7	4	6	7	5	3	6	6
13		6	3	6	6	7	4	5	7	4	7	3	5	7	5	3	5
14		5	6	5	5	6	4	5	8	6	6	6	6	8	5	5	5
15		6	2	5	5	8	6	5	5	6	9	5	6	6	4	5	9
16		6	4	6	6	5	1	5	8	8	5	4	8	9	8	3	4
17		7	1	5	4	4	6	5	6	5	3	4	6	6	6	3	5
18		6	2	3	7	8	3	4	8	4	4	4	7	4	4	4	6
19		6	3	7	4	5	2	4	9	7	2	7	4	6	2	3	7
20		5	4	7	3	4	2	5	7	6	4	7	6	9	3	3	5
21		7	4	5	5	5	1	4	7	4	2	7	9	7	4	6	4
22		5	1	5	1	2	1	4	5	4	3	5	9	5	1	1	4
23		6	4	7	4	2	2	3	8	7	5	4	7	5	5	4	6
24		5	1	5	4	1	2	4	8	8	3	8	6	7	3	4	6
25		7	3	7	4	4	1	4	6	6	4	6	5	9	5	3	5
26		6	4	6	4	3	2	6	9	7	4	4	6	7	5	4	6
27		4	6	5	6	2	6	5	10	8	5	8	5	8	7	5	8
28		7	4	4	7	1	5	6	10	8	5	7	8	5	7	4	7
29		6	6	3	7	6	7	6	8	9	5	8	7	10	8	5	6
30		6	5	3	7	4	4	6	4	8	5	4	6	8	5	3	5
31		7	6	5	7	6	4	6	5	9	5	4	7	10	5	5	6
32		5	5	7	6	3	4	5	5	7	6	6	6	10	5	4	6
33		5	4	5	5	5	3	7	8	4	9	7	5	7	7	8	5
34		7	6	4	7	6	3	6	7	9	4	7	6	2	3	6	5
35		5	4	5	7	4	3	5	6	7	8	7	7	7	7	2	6
36		5	5	6	7	5	1	6	6	9	5	3	6	7	7	4	6
37		6	6	6	5	5	4	4	7	6	3	6	6	8	8	7	6
38		8	3	3	3	6	4	6	8	7	8	7	5	7	7	6	5
39		6	4	5	5	5	2	5	9	7	6	6	5	8	5	5	7
40		7	4	2	7	6	1	5	4	10	5	8	4	7	3	3	5
41		8	2	5	3	3	4	5	7	5	8	4	8	6	8	3	7
42		7	3	6	6	6	2	6	7	4	8	4	6	9	8	4	6
43		5	1	4	6	6	4	5	5	7	4	3	7	7	6	5	6
44		5	5	6	3	6	2	4	5	7	4	4	7	8	5	7	6
45		6	3	4	4	3	2	6	5	4	6	5	6	6	5	3	6
46		6	1	6	7	2	2	4	8	4	6	4	6	4	3	4	7
47		6	5	4	5	8	3	4	6	7	5	4	5	5	4	6	6
48		6	2	4	4	4	2	6	5	8	4	7	7	9	4	3	6
49		8	6	5	5	4	4	6	4	8	9	5	8	7	3	3	6
50		8	5	5	4	2	6	7	5	7	9	2	6	7	5	4	6

SNo	SEX	SIXTEEN PERSONALITY FACTORS															
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q
51	F E M A L E	4	5	3	10	8	2	8	6	7	7	5	5	7	7	6	6
52		8	5	6	9	3	4	7	4	6	5	8	5	8	9	8	4
53		7	3	1	10	7	6	5	6	8	6	5	4	5	7	6	5
54		4	1	6	10	7	4	8	6	7	3	6	4	7	5	9	4
55		8	5	2	9	7	6	6	6	6	5	4	5	7	5	7	6
56		8	5	4	7	5	5	7	8	8	6	6	5	7	5	8	2
57		7	5	4	9	7	3	7	6	6	6	4	6	6	7	9	5
58		8	5	4	10	8	4	7	7	6	4	7	6	7	8	8	6
59		10	6	3	8	7	5	7	6	6	6	8	6	5	8	9	5
60		7	5	2	10	5	6	7	4	6	5	8	7	7	5	8	7
61		5	5	2	6	7	3	7	3	8	7	5	5	7	8	8	7
62		5	3	4	6	5	4	5	2	8	5	6	7	5	4	6	7
63		3	3	4	10	5	1	6	2	10	5	5	5	7	5	6	7
64		3	1	4	9	7	1	7	4	8	7	6	6	7	4	7	7
65		5	6	4	9	4	1	5	5	7	3	7	7	7	6	6	6
66		5	5	3	8	5	6	7	6	8	7	7	6	6	9	7	6
67		5	5	5	7	7	2	5	6	9	6	3	6	5	6	4	7
68		6	5	2	8	6	1	5	2	3	7	2	6	7	6	4	6
69		4	1	3	6	6	1	5	4	6	6	2	6	7	6	5	6
70		4	5	4	5	7	4	5	3	9	8	7	6	5	9	5	5
71		4	5	6	5	5	4	5	3	7	8	5	7	5	9	7	6
72		3	1	5	7	3	6	6	4	7	7	5	7	3	7	3	5
73		4	7	6	9	6	4	6	4	6	8	4	7	10	7	6	6
74		4	5	6	5	4	6	6	4	5	8	7	6	5	7	5	6
75		5	8	5	9	7	2	7	3	8	3	6	6	10	7	5	6
76		5	5	3	9	6	4	4	3	7	6	10	6	8	3	7	6
77		5	5	8	9	5	6	6	4	7	5	9	4	9	5	4	2
78		2	1	2	7	6	5	7	6	10	4	5	7	8	9	6	5
79		5	5	7	7	6	3	5	5	6	1	5	6	7	3	6	6
80		6	5	5	8	6	4	6	4	7	5	6	8	5	7	8	6
81		7	6	3	4	5	8	4	5	4	7	6	6	7	6	5	6
82		3	5	5	5	6	3	7	6	6	4	6	6	7	7	4	6
83		5	5	5	7	5	1	5	5	6	4	6	6	7	7	8	4
84		4	3	3	9	6	5	8	6	7	6	6	6	6	6	5	5
85		4	5	4	7	5	7	5	4	6	7	8	7	7	6	7	6
86		5	3	2	7	6	3	4	4	6	6	6	6	8	5	8	6
87		4	4	2	8	4	3	7	6	6	5	4	7	7	4	4	6
88		4	5	3	6	4	4	7	4	7	9	6	7	7	6	5	7
89		4	4	4	7	6	5	4	4	10	7	5	6	5	4	4	6
90		4	3	5	7	6	4	5	4	7	6	6	5	7	5	5	7
91		5	4	4	9	6	4	7	4	5	6	6	6	5	7	6	6
92		5	4	4	8	5	1	8	5	8	5	6	7	3	5	5	5
93		4	1	5	7	7	5	6	6	10	7	5	5	5	4	4	7
94		5	4	4	8	6	1	8	5	9	5	5	6	7	6	3	5
95		5	4	5	8	5	2	5	6	7	6	2	6	6	5	5	7
96		5	5	6	9	4	6	5	4	7	7	9	7	5	7	6	7
97		4	6	7	6	5	7	4	7	6	4	4	4	5	5	6	3
98		10	8	3	9	10	6	4	3	10	4	1	6	7	7	8	6
99		4	7	4	6	7	4	8	7	7	7	6	6	6	9	6	4
100		4	3	3	5	5	6	3	4	7	5	6	7	6	7	4	7

(iv) Sten score of person belonging to functional disorders on 16 personality factors.

SNo	SEX	SIXTEEN PERSONALITY FACTORS															
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃	Q
1	M A L E	6	2	2	6	5	4	4	8	7	6	2	8	3	4	4	8
2		4	3	3	5	7	3	1	9	7	7	3	8	7	4	2	9
3		5	2	4	8	8	4	4	8	3	6	4	6	5	5	5	6
4		5	3	4	5	4	4	3	8	4	6	7	7	6	5	2	6
5		5	2	3	8	6	3	3	9	4	6	4	9	3	7	4	8
6		7	5	1	5	5	6	5	7	7	5	5	7	8	9	6	6
7		6	4	2	8	5	2	5	8	7	6	4	6	7	6	3	8
8		2	4	5	2	4	3	6	8	6	8	7	6	6	7	4	3
9		6	4	3	5	6	2	3	6	4	6	5	8	8	2	3	7
10		6	6	3	3	3	4	3	7	9	7	8	5	4	7	5	6
11		7	5	3	7	5	1	3	8	10	9	4	7	9	6	3	7
12		5	8	2	5	4	2	6	6	8	4	7	6	7	9	7	6
13		6	7	2	7	7	3	5	6	9	9	3	7	7	8	3	8
14		5	3	4	7	5	4	6	9	7	7	4	7	8	5	5	7
15		8	4	2	7	6	3	4	8	10	6	1	8	7	8	2	8
16		6	4	3	5	4	1	5	7	7	3	7	7	6	4	3	7
17		6	1	3	8	5	4	4	8	5	7	5	9	4	6	5	9
18		5	6	6	4	7	6	7	9	4	8	7	5	6	5	7	5
19		6	4	1	5	9	3	3	6	3	6	6	9	9	7	4	9
20		6	5	3	6	4	5	2	7	7	6	7	6	7	8	3	5
21		4	6	1	7	6	3	2	8	6	9	4	8	8	5	3	7
22		4	2	2	8	4	3	5	8	7	5	7	6	4	7	2	5
23		6	3	2	8	7	1	3	8	7	6	3	9	7	9	3	7
24		8	5	4	8	4	2	6	6	5	5	4	6	5	8	7	3
25		5	4	2	7	6	4	4	8	4	8	4	10	2	7	2	9
26		6	6	2	7	5	2	3	9	4	6	5	10	4	8	5	9
27		7	8	5	5	7	2	7	7	3	3	7	5	7	3	7	4
28		6	5	2	8	4	3	3	5	6	5	3	9	7	9	1	8
29		5	5	2	7	5	3	3	9	7	8	4	9	9	5	4	8
30		7	7	6	6	6	7	3	6	5	6	9	5	4	6	7	3
31		6	5	1	5	7	3	2	8	4	5	7	9	7	8	3	6
32		5	2	1	6	5	4	2	7	7	8	5	9	5	8	4	9
33		6	4	2	7	6	4	2	9	5	8	2	8	5	8	4	9
34		7	4	4	5	8	6	4	6	8	5	4	6	7	6	7	6
35		7	3	3	6	6	4	2	4	9	6	7	8	7	4	1	7
36		8	2	1	7	6	4	2	8	8	5	4	10	9	4	2	8
37		5	4	4	1	6	3	6	8	8	5	3	7	6	7	6	5
38		8	3	1	7	5	5	2	8	7	4	4	9	9	7	5	8
39		3	1	4	8	4	6	3	8	4	8	3	9	5	8	4	8
40		6	3	3	7	4	1	3	8	6	6	4	9	9	5	2	8
41		6	2	2	8	5	2	3	9	7	5	4	6	4	5	6	6
42		6	6	1	8	5	4	2	4	7	6	7	8	9	5	2	7
43		6	4	3	7	4	2	5	6	4	4	4	8	7	8	6	6
44		7	4	5	5	6	6	4	6	5	5	3	7	7	7	7	6
45		7	1	6	1	4	8	6	9	9	7	9	10	6	10	9	5
46		7	3	2	6	4	2	6	8	7	6	3	6	7	8	5	6
47		5	2	4	6	4	6	6	7	4	4	7	9	4	7	5	5
48		8	4	4	4	6	2	5	9	7	5	7	6	4	6	4	8
49		6	3	4	8	5	3	3	7	5	9	7	8	8	2	6	5
50		6	1	5	5	4	2	7	5	7	5	4	7	7	7	6	5

SNo	SEX	SIXTEEN PERSONALITY FACTORS														
		A	B	C	E	F	G	H	I	L	M	N	O	Q ₁	Q ₂	Q ₃
51	F E M A L E	3	5	4	9	6	6	4	4	6	5	5	7	4	7	7
52		5	5	3	8	7	6	7	7	8	5	6	6	5	7	6
53		2	5	3	6	9	3	6	5	6	6	4	7	5	5	5
54		6	5	3	5	6	6	5	4	7	7	6	5	6	9	4
55		5	4	4	4	6	3	6	4	6	5	2	7	6	7	4
56		7	6	4	7	4	2	7	4	6	6	4	5	5	7	4
57		4	5	3	10	4	3	4	6	7	6	1	6	4	7	6
58		6	8	3	5	5	4	7	6	6	6	4	4	6	6	6
59		4	5	4	6	7	3	6	5	3	6	6	6	7	4	4
60		7	4	6	7	6	4	5	6	6	7	4	6	7	5	5
61		3	3	3	9	7	7	3	3	6	8	4	5	7	3	4
62		5	5	7	5	7	4	8	6	7	5	7	7	5	4	7
63		6	3	4	5	7	4	5	4	7	6	2	5	7	6	4
64		3	5	4	7	7	1	5	5	7	6	6	6	5	7	5
65		6	5	7	7	6	4	4	7	9	6	7	5	8	6	4
66		5	7	2	6	6	3	7	3	7	7	6	8	7	6	4
67		4	3	1	5	7	1	5	5	7	7	4	8	7	6	5
68		5	4	2	6	5	4	5	5	9	8	4	9	7	8	4
69		5	4	3	9	5	2	4	8	4	8	3	7	7	9	3
70		2	5	7	10	7	4	4	6	7	7	4	9	7	7	4
71		4	5	3	7	5	6	5	4	8	6	6	7	9	6	4
72		7	1	4	8	5	4	4	4	5	8	5	8	9	7	6
73		6	3	3	8	7	4	6	7	7	7	5	7	8	6	6
74		4	1	2	7	6	5	5	4	6	7	3	8	7	7	4
75		7	5	4	10	6	4	5	6	8	8	7	10	9	7	4
76		3	1	3	7	7	5	4	6	8	7	4	8	8	7	3
77		6	4	4	9	8	4	5	6	6	8	3	6	9	6	5
78		6	6	4	7	5	4	5	6	10	6	5	9	9	4	3
79		5	1	3	7	5	4	2	4	7	6	6	8	6	9	6
80		5	5	4	9	7	3	4	4	5	7	6	9	8	8	6
81		5	4	2	7	6	6	4	6	6	6	6	10	8	7	4
82		3	3	2	8	5	5	5	5	7	7	5	8	7	9	3
83		6	3	2	7	5	4	4	5	7	8	6	10	7	7	5
84		4	1	3	9	6	3	4	4	7	6	5	7	5	6	4
85		6	4	3	8	7	2	7	2	4	5	6	6	9	6	4
86		4	3	3	7	7	1	4	6	6	8	4	6	6	6	4
87		5	5	6	8	8	6	7	4	6	6	4	7	7	7	4
88		4	4	2	9	9	4	5	6	5	8	4	7	8	6	3
89		5	5	3	7	7	1	5	4	8	7	4	8	9	7	3
90		5	4	2	9	6	4	5	5	6	7	6	8	7	8	4
91		7	4	4	7	5	6	3	4	6	6	4	7	9	8	4
92		4	5	4	7	5	4	4	7	6	6	5	6	9	7	3
93		3	3	3	6	5	6	7	8	6	6	6	7	8	9	6
94		4	5	4	8	8	4	4	3	6	5	6	6	7	6	4
95		5	1	3	7	7	2	5	6	6	6	8	8	8	10	2
96		6	5	2	7	6	4	5	4	7	6	3	10	5	9	1
97		4	5	4	8	6	3	4	7	8	7	8	7	7	7	3
98		3	5	4	7	8	3	5	2	8	6	7	7	5	10	3
99		5	4	1	8	5	5	4	3	9	7	4	6	4	7	4
100		5	4	3	9	8	4	5	5	7	6	6	7	3	8	6

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Prepared by : S. D. KAPOOR, Ph.D.

आपको क्या करना है : इस पुस्तिका में कुछ प्रश्न हैं जिनसे यह पता चलेगा कि आपका मनोभाव कैसा है और आपकी पसन्द किस तरह की है। इनके कोई 'सही' या 'गलत' उत्तर नहीं हैं, क्योंकि हर आदमी की अपनी-अपनी दृष्टिकोण रखने का अधिकार है। इस जाँच के जरिये सब से अच्छा सुझाव पाने के लिये आपको चाहिये कि सभी प्रश्नों का उत्तर ठीक-ठीक और सच्चाई के साथ दें। अगर आपको अलग से एक "उत्तर-पत्र" नहीं दिया गया हो तो इस पुस्तिका को उलटिये और आखिरी पन्ने पर दिये गये "उत्तर-पत्र" को काड़ कर अलग कर लीजिये।

अपना नाम और अन्य जानकारी की बातें "उत्तर-पत्र" पर दी हुई ऊपर की लाइनों पर लिख दीजिये।

सबसे पहले आपको नीचे लिखे नमूने के चार प्रश्नों का उत्तर देना चाहिये जिससे आपको पता लग जाय कि जाँच शुरू करने के पहले आपको कुछ पूछना तो नहीं है। वैसे आपको सभी प्रश्नों को तो इस पुस्तिका से पढ़ना है, पर उनके उत्तर केवल "उत्तर-पत्र" में ही देना है (जिस नम्बर का प्रश्न पुस्तिका में हो उसी नम्बर के खाने में "उत्तर-पत्र" पर निशान लगाना है)।

हर एक प्रश्न के तीन संभावित उत्तर दिये हुए हैं। नीचे लिखे उदाहरणों को पढ़िये और अपने उत्तरों को "उत्तर-पत्र" के ऊपरी भाग पर, जहाँ "उदाहरण" छपा है, गुणा या क्रॉस (X) के निशान के जरिये किसी एक खाने (box) में भरते जाइये। अगर आप अपना उत्तर "a" वाले उत्तर के लिये चुनते हैं तो बाएँ वाले खाने में (box के अन्दर) निशान लगाइये। अगर आपका उत्तर "b" वाला है तो बीच वाले खाने में निशान लगाइये। इसी तरह से अगर आपका उत्तर "c" वाला है तो दाहिने वाले खाने के अन्दर निशान लगा दीजिये।

उदाहरण :

1. मैं टीम वाले खेलों को देखना पसन्द करता हूँ।
a. हाँ, b. कभी-कभी, c. नहीं।
2. मैं ऐसे लोगों को पसन्द करता हूँ, जो :
a. गंभीर हों,
b. चीन्तों के बीच के हों,
c. जल्दी दोस्त बना लेते हों।
3. अपना आनन्द (खुशी) नहीं ला सकता।
a. हाँ (सच), b. दोनों के बीच का, c. नहीं (गलत)।
4. धीरज का बच्चे से वही सम्बन्ध है जो भेड़ का :
a. मेसना, b. कुत्ता, c. लड़के से है।

आखिरी उदाहरण में एक सही उत्तर है -- मेसना। लेकिन, इस तरह के तर्क वाले प्रश्न इस पुस्तिका में बहुत कम हैं।

अब अगर कोई बात आपकी समझ में नहीं आयी हो तो अभी पूछ लीजिये। क्योंकि, परीक्षक अब थोड़ी ही देर में आपको पन्ना उलटने के लिए और उत्तर देना शुरू करने के लिये कहेंगे।

प्रश्नों का उत्तर देते समय नीचे लिखी इन चार बातों को अपने मन में रखें :

1. आपको किसी प्रश्न पर ज्यादा सोच-विचार करने की जरूरत नहीं है। जो सबसे पहला उत्तर मन में आये उसमें ही निशान लगा दें। यह सच है कि प्रश्न बहुत छोटे हैं और आपको उनसे सारी जानकारी नहीं मिल सकती जिन्हें आप कभी-कभी जानना चाहेंगे। उदाहरण के लिये, ऊपर के पहले प्रश्न में "टीम वाले खेलों" के बारे में पूछा गया है, जबकि ऐसा भी हो सकता है कि आप फुटबाल को बास्केटबाल से ज्यादा पसन्द करते हों। लेकिन आपको "श्रोत या आम तौर के खेल के लिये" उत्तर देना है या उसी तरह की मिलती-जुलती एक आम या श्रोत अवस्था का ख्याल करके उत्तर देना है। जहाँ तक हो सके, आप अपना सब से ठीक उत्तर दें। उत्तर देने की रफ्तार एक मिनट में पाँच या छे प्रश्नों से कम नहीं होनी चाहिये। ज्यादा से ज्यादा खालिस मिनट में सभी प्रश्नों का उत्तर आपको दे देना चाहिये।
2. बीच वाले "अनिश्चित" उत्तरों का सहारा लेने की कोशिश मत करिये। इन पर तभी निशान लगायें जब किनारे वाले उत्तरों को देना आपके लिये सम्भव ही असंभव हो -- शायद ऐसा चार या पाँच प्रश्नों में एक बार हो।
3. इस बात का पक्का ख्याल रखें कि कोई प्रश्न छूटने न पाये, और जैसे भी हो सभी प्रश्नों का उत्तर दें। ऐसा लग सकता है कि कुछ प्रश्न आप पर अच्छी तरह लागू न होते हों, पर आप अपने को उस परिस्थिति में डाल कर अपना उत्तर दें। आपको कुछ प्रश्न अपने निजी मामलों से भी सम्बन्धित लगेंगे, पर याद रखिये कि आपके उत्तर-पत्रों को बिल्कुल गुप्त रखा जाता है और उनकी खास तौर से बनाई हुई कुंजियों की मदद के बिना नहीं जाना जा सकता। साथ ही एक-एक प्रश्न के उत्तर की जाँच अलग-अलग नहीं की जाती है। इसलिए आप बेझिझक अपने मन का उत्तर दें।
4. जो उत्तर आपके लिये सही हैं वही उत्तर सच्चाई और ईमानदारी से दें। परीक्षक पर अच्छा प्रभाव डालने के लिये "यह कहना ठीक होगा" ऐसा सोचकर निशान न लगायें।

जब तक कहा न जाय कृपया पन्ना मत उलटिये

1. इस जाँच के नियम मुझे अच्छी तरह मालूम हैं।
a. हाँ, b. अनिश्चित, c. नहीं।
2. इन प्रश्नों के उत्तर मैं सच्चाई से देने के लिये तैयार हूँ।
a. हाँ, b. अनिश्चित, c. नहीं।
3. छुट्टियाँ बिताने के लिये मैं ऐसी जगह जाऊँगा, जो :
a. छुट्टी बिताने लायक एक चहल-पहल वाला शहर हो,
b. a और c के बीच की जगह हो,
c. ग्राम रास्ते से दूर एक शान्त छोटा सा सakan हो।
4. जब मैं किसी छोटी और चारों ओर मे घिरी जगह (जैसे-भीड़ से भरी एक लिफ्ट) में रहता हूँ, तो मुझे खराब होती है और लगता है जैसे इसी में बन्द हो जाऊँगा।
a. कभी नहीं, b. शायद ही कभी, c. कभी-कभी।
5. मैं अपने को छोटी-छोटी परेशानियों पर बार-बार सोचते हुए पाता हूँ और उन्हें मन से निकालने के लिये मुझे सचमुच ही बहुत कोशिश करनी पड़ती है।
a. हाँ (सही),
b. कभी-कभी,
c. नहीं (गलत)।
6. अगर मुझे मालूम है कि दूसरा आदमी गलत ढंग पर बर्क कर रहा है, तो मैं :
a. चुपचाप रहूँगा,
b. दोनों के बीच का,
c. कहूँगा कि वह गलत है।
7. मेरे विचार इस तरह लगते हैं, जैसे :
a. जमाने से आगे हों,
b. अनिश्चित,
c. जमाने के साथ-साथ हों।
8. मखौल-उड़ाने और हँसी-मजाक वाली कहानियाँ कहने में मैं ज्यादा नहीं रहता।
a. सही, b. दोनों के बीच का, c. गलत।
9. समाज की अच्छी सेवा करने में अपना जीवन खपा देने के बजाय काफी बुढ़ापे तक जिन्दा रहना ज्यादा अच्छा है।
a. सही, b. दोनों के बीच का, c. गलत।
10. मैं तलब, टीम तथा अन्य सामाजिक समूहों (groups) को संगठित करने में सक्रिय (बुस्त) रहा हूँ।
a. हाँ, बक्सर, b. कभी-कभी, c. कभी नहीं।
11. मैं अपने को भावुक होने से नहीं रोक पाता।
a. शायद ही कभी, b. कभी-कभी, c. बक्सर।
12. ज्यादातर मैं इस विषय पर एक किताब पढ़ना चाहूँगा :
a. महान धार्मिक उपदेशों पर,
b. अनिश्चित,
c. अपने राष्ट्रीय राजनैतिक संगठन पर।
13. ऐसी बहुत कम बातें हैं जो मुझे 'लग जाती हैं' या जो मुझे आगामी से विनम्र कर देती हैं।
a. सही, b. अनिश्चित, c. गलत।
14. माँ-बाप ने मिली जन्म-जात गोगमताओं और गुराणों का महत्त्व उससे कहीं ज्यादा है, जितना कि कुछ लोग उसे मानने के लिये तैयार हैं।
a. सही, b. दोनों के बीच का, c. गलत।
15. मैं सोचता हूँ कि रोज-मर्रा के कामों को हमेशा पूरा करना ही चाहिये, चाहे थोड़ा सोचने से ऐसा लगे भी कि ऐसा करना आवश्यक नहीं है।
a. सही, b. अनिश्चित, c. गलत।
16. मोत के बारे में हँसी-मजाक ठीक ही है और ग्राम तीर से पसन्द भी किया जाता है।
a. हाँ, b. दोनों के बीच का, c. नहीं।
17. मैं चाहता हूँ कि अपने-आप पता लगाने के बजाय मुझे कामों को करने का सबसे अच्छा तरीका बता दिया जाये।
a. हाँ, b. अनिश्चित, c. नहीं।
18. सामाजिक समूहों (ग्रुप) के बीच होने पर भी कभी-कभी प्रकल्पन और बेकारी की भावना मुझ पर हावी हो जाती है।
a. हाँ, b. दोनों के बीच का, c. नहीं।
19. मेरी स्मृति (याददास्त) रोज-रोज बहुत घटती-बढ़ती नहीं है।
a. सही, b. कभी-कभी, c. गलत।
20. रेस्तराँ (या होटल) में खराब खाना परोसे जाने पर, मैं मैनेजर से शिकायत करने में विव्वास रखता हूँ।
a. हाँ, b. अनिश्चित, c. नहीं।
21. मन बहलाने के लिये मुझे यह पसन्द है :
a. खेलभूब,
b. अनिश्चित,
c. वाद-विवाद और दिमागी खेल।
22. दूसरे लोगों के मुकाबले में, मैंने :
a. बहुत से सामाजिक कार्यों में भाग लिया है,
b. कई एक में,
c. बहुत ही कम सामाजिक कार्यों में भाग लिया है।
23. जब मैं कोई योजना बनाता हूँ, तो मैं बक्सर बहुत सी बातों को संयोग (चान्ग) पर छोड़ देता हूँ।
a. सही, b. अनिश्चित, c. गलत।
24. किसी जगह जाने, खाने, काम करने आदि में, मैं :
a. एक चीज को छोड़ दूसरी की ओर भागते दीखता हूँ,
b. दोनों के बीच का,
c. सोच-विचार कर, नियम के सुताबिक चलता हूँ।
25. मैं अपने को बेचैन महसूस करता हूँ जैसे कि मुझे कुछ चाहिये पर क्या चाहिये, यह नहीं जानता।
a. शायद ही कभी, b. कभी-कभी, c. बक्सर।

26. किसी कारखाने में मुझे इस तरह का अधिकारी बनना ज्यादा पसन्द होगा :
- मशीन सम्बन्धी काम का,
 - अनिश्चित,
 - लोगों का साक्षात्कार (इंटरव्यू) कर उन्हें भरती करने का।
27. मैं इस विषय पर किताब पढ़ना ज्यादा पसन्द करूँगा :
- अन्तरिक्ष यात्रा,
 - अनिश्चित,
 - परिवार में शिक्षा।
28. इनमें से कौन सा शब्द बाकी दो से अलग है ?
- कुत्ता, b. चिड़िया, c. गाय।
29. अगर मुझे फिर से जिन्दगी जीने को मिल जाय, तब मैं :
- उसको नए ढंग से बिताने की योजना बनाऊँगा,
 - अनिश्चित,
 - उसको जैसी है करीब-करीब वैसे ही रखना चाहूँगा।
30. अपने जीवन और कामों के बारे में निश्चय लेने में, मुझे अपने परिवार की ओर से आपसी मतभेद आदि के कारण कभी भी परेशानी नहीं उठानी पड़ी है।
- सच है, b. दोनों के बीच का, c. नहीं।
31. दूसरा को लजित करने वाला बातों को कहने से मैं बचना पसन्द करता हूँ।
- सच है, b. दोनों के बीच का, c. गलत है।
32. अगर मेरे हाथ में एक बन्दूक हो जिसे मैं जानता हूँ कि इसमें गोली भरी हुई है तो मैं तब तक घबराता रहता हूँ, जब तक कि बन्दूक खाली न कर दूँ।
- सच है, b. दोनों के बीच का, c. गलत है।
33. बिना किसी दुर्भावना के व्यावहारिक मजाक करने में मुझे बहुत मजा आता है।
- सच है, b. दोनों के बीच का, c. गलत है।
34. लोग अपने खाली समय को पड़ोसियों के प्रति कर्तव्य निभाने और उनकी सहायता करने में बहुत ज्यादा लगा देते हैं।
- हाँ, b. अनिश्चित, c. नहीं।
35. कभी-कभी मुझे लगता है कि सामाजिक तौर पर मुझे जितना अच्छा करना चाहिये उतना अच्छा नहीं कर पाता क्योंकि मैं खुद अपने बारे में अनिश्चित सा हूँ।
- सच है, b. दोनों के बीच का, c. गलत है।
36. मुझे बात-चीत करने में मजा आता है और अनजाने लोगों से बात करने के किसी भी मौके को शायद ही हाथ से निकलने देता हूँ।
- सच है, b. दोनों के बीच का, c. गलत है।
37. अखबारों में इस तरह के शीर्षक (हेड लाइन) में मैं ज्यादा दिलचस्पी लूँगा :
- धार्मिक नेताओं द्वारा सभी धर्मों के मेल-जोल पर चर्चा,
 - अनिश्चित,
 - उत्पादन और तौबे (व्यापार) में बढ़ोतरी।
38. आशा से अधिक दोस्ती दिखाने वालों की सच्चाई पर मुझे शक होता है।
- सच है, b. दोनों के बीच का, c. गलत है।
39. दूसरों के लिए मेरी नसीहत है कि :
- आगे बढ़ो और कोशिश करो; इसमें नुकसान नहीं होगा।
 - दोनों के बीच का,
 - इसके ऊपर पहले सोच लो; अपने बुद्धि न बनने दो।
40. मेरे लिए यह ज्यादा महत्वपूर्ण है :
- अपने विचारों को स्वतंत्रता पूर्वक जाहिर करना,
 - दोनों के बीच का,
 - दूसरे लोगों से अच्छे सम्बन्ध बनाये रखना।
41. मुझे ख्याली पुलाव (हवाई महल) बनाने में मजा आता है।
- हाँ, b. अनिश्चित, c. नहीं।
42. मैं एक ऐसा काम पसन्द करूँगा जिसमें मुझे बहुत ही सूक्ष्म निर्णय लेने हों बजाय इसके कि इसमें जल्दी का और रोज मर्रा का हल मौजूद हो।
- सच है, b. अनिश्चित, c. गलत है।
43. मुझे ऐसा लगता है कि मेरे दोस्तों को मेरी उतनी जरूरत नहीं है, जितनी कि मुझे उनकी है।
- सच है, b. दोनों के बीच का, c. गलत है।
44. अगर कोई मेरे बारे में बहुत बुरा मोचता है तो मुझे इसकी चिन्ता होती है।
- शायद ही कभी,
 - कभी-कभी,
 - कई बार।
45. मेरे साथ कई दुर्घटनाएँ (एक्सीडेंट) हुई हैं, क्योंकि मैं अपने ख्यालों में डूबा हुआ था।
- शायद ही कभी,
 - दोनों के बीच का,
 - कई बार।
46. अपने अखबार में, मैं यह देखना पसन्द करता हूँ :
- प्राधुनिक बुनिया में बुनियादी सामाजिक समस्याओं पर चर्चा,
 - दोनों के बीच का,
 - सभी स्थानीय समाचारों का छपना।
47. साधियों के बजाय किताबों को मैं ज्यादा मन बहलाने वाला पाता हूँ।
- हाँ, b. दोनों के बीच का, c. नहीं।
48. बाधाएँ चाहे कितनी भी कठिन और दुःखदायी क्यों न हों, मैं अपने मूल उद्देश्यों को बनाये रखता हूँ और उन पर डटा रहता हूँ।
- हाँ, b. दोनों के बीच का, c. नहीं।
49. मैं इतना ज्यादा परेशान रहता हूँ कि कुछ मामूली आवाजों, जैसे दरवाजों की चरमराहट, मेरी बर्बाद के बाहर होती है और मुझे कंपा देती है।
- शायद ही कभी,
 - कभी-कभी,
 - कभी नहीं।
50. सबेर सोकर उठने पर मैं अपने को काफी थका हुआ महसूस करता हूँ।
- हाँ, b. दोनों के बीच का, c. नहीं।

51. तनखाह बराबर हो तो मैं यह बनना ज्यादा परान्द करूँगा :
a. शोध कार्य (रिसर्च) करने वाला रसायन शास्त्री (केमिस्ट),
b. अनिश्चित,
c. एक होटल का मैनेजर ।
52. जगह जगह जाकर माल बेचना या किसी काम के लिए चन्दा इकट्ठा करने का काम, मैं सोचता हूँ कि मेरे लिए :
a. काफी मजेदार होगा,
b. दोनों के बीच का,
c. बेमजा होगा ।
53. नीचे लिखी संख्याओं में से कौन सी एक बाकी से भिन्न है ?
a. 7, b. 9, c. 13.
54. 'कुत्ते' का 'हड्डी' के साथ जो सम्बन्ध है वही 'गाय' का नीचे लिखे शब्दों में से किसके साथ है ?
a. दूध, b. घास, c. तमक ।
55. मौसम का परिवर्तन मेरी कार्यक्षमता और मनोदशा (मूड) को अवसर प्रभावित नहीं करता ।
a. सच है, b. दोनों के बीच का, c. गलत है ।
56. किसी मनजाने शहर में मैं :
a. जहाँ चाहूँगा; वहीं घूमूँगा,
b. अनिश्चित,
c. शहर के उन हिस्सों से बचूँगा जो खतरनाक समझे जाते हैं ।
57. मेरे लिए यह ज्यादा महत्वपूर्ण है :
a. लोगों के साथ सुगमतापूर्वक घुलना मिलना,
b. दोनों के बीच का,
c. अपने विचारों को व्यवहार में बदलना ।
58. मैं इसमें विश्वास करता हूँ :
a. इस कहावत पर, अधिकतर मौकों पर 'हेसो और खुश रहो',
b. दोनों के बीच में,
c. दैनिक व्यवहार में काफी गम्भीर रही ।
59. जब मुझे निश्चित कायदे कानून पालन करने के लिए दिए जाते हैं तब मैं उनका पालन अपनी सुविधा के अनुसार करता हूँ न कि गम्भीरता :
a. सच है, b. दोनों के बीच में, c. गलत है ।
60. अपने सामाजिक सम्बन्धों में कभी कभी हीनता की भावना से परेशान हो जाता हूँ । हालाँकि इसका असली कारण मुझे पता नहीं है ।
a. सच है, b. दोनों के बीच में, c. गलत है ।
61. लोगों के बीच मैं अपने को थोड़ा बेतुका अनुभव करता हूँ और अपने को उतना अच्छा नहीं दिखा पाता जितना कि चाहिये ।
a. हाँ, b. कभी कभी, c. नहीं ।
62. मैं चाहूँगा कि :
a. अपने मातहत बहुत से लोगों के साथ काम करूँ,
b. अनिश्चित,
c. सब लोगों के साथ मिल कर काम करूँ ।
63. यहाँ तक कि जब दोप हूँ मेरे के साथे मद्रा जा सकता है फिर भी अधिकतर लोग अपनी गलती कबूल कर लेने में नहीं हिचकते ।
a. सच है, b. दोनों के बीच में, c. गलत है ।
64. वास्तव में कोई भी मुझे कठिनाई में नहीं देखना चाहिये ।
a. सच है, b. दोनों के बीच में, c. गलत है ।
65. एक आदमी के लिए इसमें लगाव रखना ज्यादा महत्वपूर्ण है :
a. जीवन के बुनियादी अर्थ से,
b. अनिश्चित,
c. अपने परिवार के लिए अच्छी आमदनी से ।
66. खुली हवा से दूर, घर में ज्यादा देर तक रहने पर मुझे अकुलाहट (ऊब) महसूस होने लगती है ।
a. हमेशा, b. कभी कभी, c. शायद ही कभी ।
67. तरह-तरह की चीजों के बारे में मेरे मन में अजीब अजीब ख्याल आते हैं - इतने ज्यादा कि उन्हें व्यवहार में नहीं लाया जा सकता ।
a. सच है, b. कभी कभी, c. गलत है ।
68. चाहे जैसी कठिनाइयाँ मेरे सामने आयें, मेरा हौसला काफी ऊँचा रहता है ।
a. सच है, b. दोनों के बीच में, c. गलत है ।
69. किसी दुर्भाग्यपूर्ण घटना के बारे में चिन्ता करने की वजह से रात में मुझे नींद लगने में कठिनाई होती है ।
a. अक्सर, b. कभी कभी, c. शायद ही कभी ।
70. ज्यादातर मैं देखना चाहूँगा :
a. आने वाले समाज के नवो को दिखाने वाली काल्पनिक फिल्म,
b. दोनों के बीच का,
c. जागरण के दिनों को दिखाने वाली मयार्थ वादी फिल्म ।
71. शायद मेरे दोस्त यह सोचते हैं कि मुझे अच्छी तरह जानना मुश्किल है ।
a. हाँ, b. दोनों के बीच का, c. नहीं ।
72. किसी समस्या को मैं इस तरह से ज्यादा अच्छी तरह सुलझा पाता हूँ :
a. अकेले उसका अध्ययन करके,
b. दोनों के बीच में,
c. दूसरों के साथ छत पर चर्चा करके ।
73. जब तुरन्त ही निर्णय करना पकरी हो तो; मैं :
a. शान्त, तर्क-पूर्ण और वस्तुगत चिन्तन पर मरोसा रखता हूँ,
b. दोनों के बीच में,
c. तनावपूर्ण और उत्तेजित होकर ठीक ठीक सोचने में असमर्थ हो जाता हूँ ।
74. कभी-कभी मुझे लगता है कि मेरे मन में गिरकल बेकार विचार और यादें चक्कर लगाती रहती हैं ।
a. हाँ, b. दोनों के बीच का, c. नहीं ।
75. बहुत (बिधाव) करते समय मैं कभी भी इतना नहीं झुंझलाता हूँ कि अपनी आवाज पर भी काधू न रख पाऊँ ।
a. सच है, b. अनिश्चित, c. गलत है ।

76. यात्रा करते समय लोगों से बातचीत करने की जगह में ज्यादातर प्राकृतिक दृश्यों (सीनरी) को देखूंगा।
a. सही, b. अनिश्चित, c. गलत।
77. अगर 'दिखाना' का उल्टा पूछा जाये तो कौनसा शब्द ज्यादा ठीक रहेगा ?
a. खोना, b. अनिश्चित, c. छिपाना।
78. 'काला' का जो सम्बन्ध 'मटभौला' के साथ है वही 'पीड़ा' का :
a. मोच, b. कसक, c. छुजली के साथ है।
79. मेरे लिए किसी से 'नहीं' गुनना कठिन है हालाँकि मैं जानता हूँ कि जिस काम के लिए कह रहा हूँ वह अग्रगण्य है।
a. सच है, b. दोनों के बीच का, c. गलत है।
80. लोग क्या कहते हैं इसकी तुलना में लोग किस ढंग से बात को कहते हैं मुझे ज्यादा चोट पहुँचाती है।
a. सच है, b. दोनों के बीच का, c. गलत है।
81. नीकर चाकर मेरी सेवा में खड़े रहें इससे मुझे घबराहट होती है।
a. हाँ, b. दोनों के बीच में, c. नहीं।
82. जब दोस्त किसी मजेदार बातचीत में उलझे रहते हैं, तब मैं :
a. कभी कभी एक संयाने सुनने वाले की तरह रहना पसन्द करता हूँ,
b. दोनों के बीच में,
c. और लोगों से ज्यादा फ़्तियाँ कसता हूँ।
83. मैं खूब सनसनी और चहलपहल के बीच रहना चाहता हूँ।
a. हाँ, b. दोनों के बीच में, c. नहीं।
84. किसी घन्टे में खूब बढ़िया काम करने की जगह सही लोगों में मग्न होना अधिक महत्वपूर्ण है।
a. सच है, b. दोनों के बीच का, c. गलत है।
85. अगर गली या दुकान में लोग मुझे गौर से देखते हैं तो मुझे थोड़ी घबराहट लगती है।
a. हाँ, b. दोनों के बीच का, c. नहीं।
86. मैं अपने विचारों को शब्दों में हमेशा ठीक से प्रकट नहीं कर पाता हूँ, इसलिए और लोग जितनी जल्दी दूसरों से बातचीत करने में लग जाते हैं ; मैं नहीं लग पाता।
a. सच है, b. दोनों के बीच का, c. गलत है।
87. मैं हमेशा मसीन सम्बन्धी बातें पसन्द करता हूँ : जैसे मोटर कार और हवाई जहाज के बारे में बातें करना।
a. हाँ, b. दोनों के बीच की, c. नहीं।
88. मुख्यतः पकड़े जाने की वजह से ज्यादातर लोग बेईमानी और अपराध नहीं करते।
a. हाँ, b. दोनों के बीच की, c. नहीं।
89. सचमुच ही दुनिया में खराब लोगों की तुलना में अच्छे लोग ज्यादा हैं।
a. हाँ, b. अनिश्चित, c. नहीं।
90. लापरवाह लोग जो यह कहते हैं "दुनिया की सबसे शक्की चीजें स्वतन्त्र हैं" अक्सर उन्होंने ज्यादा पाने के लिए कुछ नहीं किया है।
a. सच है, b. दोनों के बीच का, c. गलत है।
91. किसी कमेटी की मीटिंग में अगर लोग मुख्य बात को छोड़कर फालतू बातें करते हैं : तब मैं :
a. उनसे कहता हूँ कि मुख्य विषय पर भाँयें,
b. अनिश्चित,
c. यही करता हूँ जो मेल जोल बनाने के लिये व्यावहारिक हो।
92. एक आदमी जिसको महत्वाकांक्षा उसके गहरे दोस्त को चोट और सुनसाग पहुँचाती हो तो भी उसको एक आधार और अच्छा नागरिक समझा जायगा।
a. हाँ, b. दोनों के बीच का, c. नहीं।
93. जब एक के बाद एक छोटी चीजें गड़बड़ होने लगती हैं तब मैं :
a. रोज़ की तरह ही रहता हूँ,
b. दोनों के बीच में,
c. इससे घबरा जाता हूँ।
94. छोटी छोटी बातों पर भी मैं दोष, कुसूर, अपराध, या पछतावा महसूस करता हूँ।
a. हाँ, अक्सर, b. कभी कभी, c. नहीं।
95. यह ज्यादा अच्छा होता कि सभी लोग वैज्ञानिक पूजा में भाग लें।
a. सच है, b. दोनों के बीच का, c. गलत है।
96. सोनी (social outings) में सँर सपाटे की योजना बनाने में :
a. पूरा सहयोग देने का बचन देने में मुझे खुशी होती है,
b. दोनों के बीच में,
c. अपना जाना रह (कमिस्त) कर सकूंगा। इसका अधिकार अपने हाथ में रखता हूँ।
97. जब बहुत से लोगों को किसी से बातचीत करने की जरूरत होती है तब लोग मुझसे अपनी समस्याओं पर बातचीत करते हैं और सुझाव माँगते हैं।
a. हाँ, b. दोनों के बीच में, c. नहीं।
98. जब मेरे दोस्त उस काम से मुझे अलग छोड़ देते हैं जिसे वे कर रहे हैं, तब मैं :
a. हंगामा मचाता हूँ,
b. दोनों के बीच में,
c. इसके लिए उनके पास कोई कारण होगा, यह सोच कर चुप हो जाता हूँ।
99. कुछ मनोवशाओं में, बाधाओं और फालतू ब्यालों से, मेरा मन काम करने में आसानी से उचट जाता है।
a. हाँ, b. दोनों के बीच में, c. नहीं।
100. तुरन्त ही मिले लोगों के बारे में मैं अपनी पसन्दगी और नापसन्दगी तुरन्त ही नहीं बना लेता।
a. सच है, b. अनिश्चित, c. गलत है।

101. मुझे 16 बनने में ज्यादा आनन्द आयेगा :
a. एक व्यापारी संस्था का मैनेजर,
b. अनिश्चित,
c. एक वस्तु कला-विशेषज्ञ (आर्चीटेक्ट)।
102. 'अप्रैल' का जो सम्बन्ध मार्च के साथ है वही सम्बन्ध 'गर्गनमार' का :
a. बुधवार, b. शुक्रवार, c. सोमवार के साथ है।
103. इनमें से कौन सा शब्द बाकी दो से भिन्न है ?
a. बालाक, b. सुन्दर, c. ब्यालु।
104. जिससे मुझे मिलने की इच्छा नहीं होती उसे सड़क पर आता देखकर मैं रास्ता बदल देता हूँ या कन्नी काट जाता हूँ।
a. कभी नहीं, b. शायद ही कभी, c. कभी कभी।
105. किसी एक सामान्य (साधारण) दिन में, ऐसी समस्याओं की संख्या जिन्हें मैं हल नहीं कर सकता हूँ :
a. मुश्किल से एकआध होती है,
b. दोनों के बीच में,
c. आधे दर्जन से भी ज्यादा होती है।
106. अपने से बड़ों के विचारों में जब मेरे विचार नहीं मिलते हैं; तब :
a. मैं अपने विचारों को अपने तक ही सीमित रखता हूँ,
b. अनिश्चित,
c. उन्हें बता देता हूँ कि मेरे विचार उनसे नहीं मिलते हैं।
107. विपरीत लिंग (अपोजिट सेक्स) के लोगों से बातचीत करते समय मैं शर्म से देने वाले विषयों पर बात करने से बचता हूँ।
a. सच है, b. दोनों के बीच का, c. गलत है।
108. लोगों से मेलजोल और सम्बन्ध बनाये रखने में मैं सचमुच ही सफल नहीं हूँ।
a. सच है, b. दोनों के बीच का, c. गलत है।
109. मुझे अपना सबसे अच्छा समय और शक्ति इनमें लगान में मजा आता है।
a. अपने घर और अपने दोस्तों की सच्ची आवश्यकता में,
b. दोनों के बीच में,
c. सामाजिक कार्यों और व्यक्तिगत मन गहलाय में।
110. जब मैं अपने व्यक्तित्व से दूसरों पर अच्छा रंग जमाना चाहता हूँ, तब इसमें :
a. करीब करीब हमेशा सफल होता हूँ,
b. कभी कभी सफल होता हूँ,
c. शायद अपनी सफलता पर अनिश्चित रहता हूँ।
111. मैं यह रखना ज्यादा पसन्द करूँगा :
a. काफी ज्यादा लोगों से जान पहचान,
b. अनिश्चित,
c. कुछ थोड़े से ही अच्छी तरह आजमाये हुए दोस्त, मित्र।
112. एक मैकेनिकल इंजीनियर बनने के बजाय एक दार्शनिक (फिलॉसफर) होना अधिक रुचिकर होगा।
a. सच है, b. अनिश्चित, c. गलत है।
113. मुझ में दूसरों के काम की आलोचना करने का भुकाव (आदत) है।
a. हाँ, b. कभी कभी, c. नहीं।
114. मुझे ऐसा योजना बनाने में मजा आता है जिससे मेरे साथी आगे चलकर मुझे लक्ष्य (गोल) तक पहुँचने में मदद देंगे।
a. सच है, b. दोनों के बीच में, c. गलत है।
115. मैं सोचता हूँ कि अपने चारों ओर के कलात्मक गुणों के प्रति मैं दूसरे लोगों की तुलना में ज्यादा सम्वेदनशील हूँ।
a. हाँ, b. अनिश्चित, c. नहीं।
116. मेरे साथी सोचते हैं कि मैं थोड़ा खोया खोया रहता हूँ और अव्यवहारिक आदमी हूँ।
a. हाँ, b. अनिश्चित, c. नहीं।
117. जान पहचान के लोगों के साथ, मैं पसन्द करता हूँ कि :
a. बस काम बलाक सम्बन्ध रखूँ,
b. दोनों के बीच में,
c. उनसे लोगों और उनके विचारों के बारे में बातचीत करूँ।
118. कभी कभी मैं इतना खुश हो जाता हूँ कि मुझे डर लगने लगता है कि अब यह खुशी ज्यादा देर तक टिकेगी नहीं।
a. सच है, b. दोनों के बीच का, c. गलत है।
119. कभी कभी ऐसे अवसर आते हैं जब मैं बिना किसी समुचित कारण के अपने को हतोत्साहित, दुःखी, और पस्त (दबा हुआ) महसूस करता हूँ।
a. हाँ, b. दोनों के बीच का, c. नहीं।
120. मेरे काम में उन लोगों से ज्यादा परेशानी पैदा होती है जो :
a. काम के उन तरीकों को जो ठीक ठाक होते हैं फिर भी उनको लगातार बदलते रहते हैं,
b. अनिश्चित,
c. आधुनिक तरीकों का इस्तेमाल नहीं करते हैं।
121. मैं चाहता हूँ कि मेरी पहचान के लोग मुझे अपनी टोली (ग्रुप) का सदस्य समझें।
a. सच है, b. दोनों के बीच में, c. गलत है।
122. अनजाने शहर में मैं किसी जगह को ढूँढने के लिए :
a. लोगों से पूछना चाहूँगा कि वह जगह कहाँ है,
b. दोनों के बीच का,
c. अपने साथ उस शहर का नक्शा रखूँगा।
123. कभी कभी मैं अपने दोस्तों को उत्तेजित करने पर से बाहर चलने के लिए कहता हूँ जबकि वे सचमुच ही अपने घर में रहना चाहते हैं।
a. हाँ, b. अनिश्चित, c. नहीं।
124. जब मुझ पर जोर दिया जाता है और ज्यादा काम कराया जाता है; तब मुझे अपच या बन्ज की शिकायत हो जाती है :
a. कभी कभी, b. शायद ही कभी, c. कभी नहीं।
125. अगर कोई मुझे खिन्न (रंजीदा) कर देता है तो मैं :
a. इस बात को अपने में ही रखता हूँ,
b. दोनों के बीच का,
c. किसी दूसरे से अवश्य कह देता हूँ ताकि 'मन का गुबार निकल जाये'।

126. एक किसान बनने के बजाय बीगा (इम्पोरेन्स) काम्यनी का एक एजेंट होना अधिक रुचिकर होगा।
a. हाँ, b. दोनों के बीच का, c. नहीं।
127. 'मूर्ति' का 'आकार' के साथ जो सम्बन्ध है वही सम्बन्ध 'गीत' का :
a. सौन्दर्य, b. संगीत ध्वनि, c. धुन के साथ है।
128. इनमें से कौनसा शब्द बाकी दो से भिन्न है :
a. पुनर्गुणाहट, b. धोली, c. सीढ़ी।
129. प्राधुनिक जीवन में बहुत सी बिजाने वाली बाधाएँ और निराशाएँ हैं।
a. सच है, b. दोनों के बीच का, c. गलत है।
130. मैं कुछ को जिन्दगी और उसकी माँगों को पूरा करने के लिए तैयार पाता हूँ।
a. हमेशा, b. कभी कभी, c. शायद ही कभी।
131. सचमुच ही मैं सोचता हूँ कि बहुत से लोगों से जो मेरे समान ही सफल हैं, मैं ज्यादा योजना बनाने वाला, शक्तिशाली और महत्वाकांक्षी हूँ।
a. हाँ, b. कभी कभी, c. नहीं।
132. करीब करीब हमेशा मुझे सतसनी या उत्तेजना की तलब होती है।
a. सच है, b. दोनों के बीच का, c. गलत है।
133. मेरे लिए यह होना अधिक रुचिकर होगा :
a. एक अभिनेता,
b. अनिश्चित,
c. एक मयल या मकान बनाने वाला।
134. दो कार्यों के बीच का समय बरबाद करने के बजाय उस समय में योजना बनाना अधिक रुचिकर होगा।
a. हाँ, b. दोनों के बीच का, c. नहीं।
135. किसी टोली (ग्रुप) में, मैं अक्सर :
a. उस सभी चीजों से अपने को परिचित रखता हूँ जो मेरे चारों ओर चलती रहती हैं,
b. दोनों के बीच में,
c. अपने ही ख्यालों में डूबा रहता हूँ या तुरन्त ही जो काम मेरे सामने है उसमें लगा रहता हूँ।
136. किसी नई टोली (ग्रुप) में शामिल होने पर, मैं तुरन्त ही उसमें डुलमिल जाता हूँ।
a. हाँ, b. अनिश्चित, c. नहीं।
137. सिनेमा या टेलीवीजन के कुछ मजोदार और चुटोले व्यंगों में मैं बहुत मजा लेता हूँ।
a. हाँ, b. अनिश्चित, c. नहीं।
138. मैं ऐसी चीजें पढ़ना पसन्द करूँगा जिनमें :
a. प्राचीन भारतीय चित्रकारी (पेंटिंग) की खोज हो,
b. अनिश्चित,
c. भारत में कले आम का विवरण हो।
139. साधारण कठिनाइयों में मैं आमतौर से धाया पड़ता हूँ।
a. हाँ, b. अनिश्चित, c. नहीं।
140. मैं व्यावहारिक बनने और रुपये पैसे के मामले में सफल होने की जगह कलात्मक और आध्यात्मिक सत्य की खोज में लगना ज्यादा पसन्द करूँगा।
a. सच है, b. दोनों के बीच का, c. गलत है।
141. मैं यह पढ़ना ज्यादा पसन्द करूँगा :
a. एक अच्छा ऐतिहासिक उपन्यास,
b. दोनों के बीच का,
c. दुनिया के साधनों को कैसे उपयोग में लायें, इस विषय पर किसी वैज्ञानिक द्वारा लिखा लेख।
142. कला, धर्म, अथवा राजनीति पर चर्चा या बहस करते समय, शायद ही कभी मैं इसमें इतना लग जाता हूँ और उत्तेजित हो जाता हूँ कि नफ़्ता और आपसी सम्बन्धों को भुला देता हूँ।
a. सच है, b. अनिश्चित, c. गलत है।
143. जब मुझे गाड़ी पकड़नी होती है तो मुझे थोड़ी हड़बड़ी, तनाव या चिन्ता होती है, यह जानते हुए भी कि मेरे पास काफी समय है।
a. हाँ, b. कभी कभी, c. नहीं।
144. मैं ऐसी समस्याओं को हाथ में लेना चाहता हूँ जिनको दूसरे लोगों ने बिगाड़ रखा है।
a. हाँ, b. दोनों के बीच का, c. नहीं।
145. पुराने जमाने से चली आयी परम्पराओं और विषयों के स्थान पर समाज को तर्कपूर्ण चिन्तन के अनुसार चलना चाहिये।
a. हाँ, b. दोनों के बीच में, c. नहीं।
146. जब मैं ऐसा काम करता हूँ जो मैं चाहता हूँ, तब मुझे अक्सर ऐसा लगता है कि उस काम को :
a. मेरे निरुद्ध के दोस्त ही समझते हैं,
b. दोनों के बीच का,
c. सभी लोग करते हैं और वह ठीक ही है।
147. पबरा देने वाली स्थितियों में मैं, बहुत ही ज्यादा उत्तेजित और डरता जाता हूँ।
a. हाँ, b. दोनों के बीच में, c. नहीं।
148. इस बात की कोशिश करता हूँ कि मैं खोया-खोया सा और छोटी-छोटी बातें भूलने वाला न बनूँ।
a. हाँ, b. दोनों के बीच का, c. नहीं।
149. कभी कभी किसी दुर्घटना से बाल बाल बचने पर या गरमागरम बहस होती देखकर भी मैं इतना पस्त हो जाता हूँ और काँपने लगता हूँ कि जो काम मैं कर रहा होता हूँ उसे जारी नहीं रख पाता।
a. सच है, b. दोनों के बीच का, c. गलत है।
150. मुझे लगता है मेरी भावनाएँ भीतर ही भीतर उबल रही हैं।
a. शायद ही, b. कभी कभी, c. अक्सर।

151. मजोदार मन-बहुलाव के लिए मैं चाहूंगा कि :
a. एक फोटोग्राफी क्लब में जाऊँ,
b. अनिश्चित,
c. एक वाद-विवाद सभा में जाऊँ।
152. 'मिलाना' का जो सम्बन्ध 'घोलना' से है वही सम्बन्ध 'टोली' का :
a. झीड़, b. सेना, c. खेल से है।
153. 'घड़ी' का जो सम्बन्ध 'समय' से है वही सम्बन्ध 'दर्जी' का :
a. नमने वाले फीते, b. कैंची, c. कपड़े, से है।
154. चालू शब्दों का वेतुका इस्तेमाल करने के कारण कुछ लोग क्या करने की कोशिश कर रहे हैं, यह समझने में मुझे कठिनाई होती है।
a. हाँ, b. दोनों के बीच का, c. नहीं।
155. सरकारी बगीच खास तौर से इसमें ज्यादा रुचि रखते हैं :
a. आदमी का ख्याल किये बिना उसको अपराध की सजा दिलवाने में,
b. अनिश्चित,
c. वेतुनाहों को बचाने में।
156. लोगों ने कभी-कभी मुझे पगपगरी और अध्यात्म आदमी कहा है।
a. हाँ, b. दोनों के बीच का, c. नहीं।
157. विज्ञापन करने वालों और बिक्री बढ़ाने वालों कि जिन्दगी बिताने के मुकाबले में, अच्छी छपाई का काम करने वाले की जिन्दगी बिना ज्यादा रुचिकर होगा।
a. सच है, b. अनिश्चित, c. गलत है।
158. मैं ज्यादा धीरे-धीरे बोलने की कोशिश करता हूँ।
a. हाँ, b. कभी कभी, c. नहीं।
159. जब मैं कोई काम करता हूँ तो मेरा सम्बन्ध इस बात से रहता है कि :
a. यह वह काम हो जिसे मैं सचमुच करना चाहता हूँ,
b. अनिश्चित,
c. इससे मेरे किसी साथी पर बुरा असर न पड़े।
160. मैं मोचता हूँ कि मभी कहानियों और फिल्मों में कुछ गीत शीली चाहिये।
a. सच है, b. दोनों के बीच का, c. गलत है।
161. अपने लोगों से बातचीत शुरू करना :
a. मेरे लिए काफी मुश्किल होता है,
b. दोनों के बीच का,
c. मुझे तनिक भी परेशान नहीं करता।
162. शिक्षकों, न्यायाधीशों, और 'समय' लोगों के सम्मान को धक्का पहुँचाने में मुझे हमेशा मजा आता है।
a. हाँ, b. दोनों के बीच का, c. नहीं।
163. टेलीवीजन या सिनेमा में, मैं यह देखना ज्यादा पसन्द करूँगा :
a. किसी बहुत बड़े गायक या वाद्य कलाकार को,
b. अनिश्चित,
c. एक व्यावहारिक, नये आविष्कारों की जानकारी देने वाले प्रोग्राम को।
164. मुझे उन लोगों से चिढ़ होती है जो चारित्रिक दृष्टि से उन्की मनोवृत्ति रखते हैं।
a. हाँ, b. दोनों के बीच का, c. नहीं।
165. मैं अपना समय इसमें अधिक आनन्द पूर्वक बिताना चाहूँगा :
a. अपने मेल-जोल के लोगों में ताश खेलने में,
b. अनिश्चित,
c. किसी कला संग्रहालय (आर्ट गैलरी) में सुन्दर वस्तुओं को देखने में।
166. इस डर के मारे कि वे शायद अव्यावहारिक हों, कभी-कभी मैं अपने विचारों को व्यवहार में नहीं लाता।
a. हाँ, b. दोनों के बीच का, c. नहीं।
167. गैर-वाजिब और दूर तक न सोचने वाले लोगों से भी मैं नम्रता पूर्वक और नीति से व्यवहार करता हूँ और उन्हें यह बताने में विश्वास नहीं करता कि वे कितनी संकीर्ण बुद्धि वाले (भोछे) हैं।
a. सच है, b. दोनों के बीच का, c. गलत है।
168. एक शान्त गाँव में रहने के बजाय मैं एक नये और बड़ रहे शहर में रहना ज्यादा पसन्द करूँगा।
a. सच है, b. अनिश्चित, c. गलत है।
169. जब मेरे विचार किसी सामाजिक मसलों पर नहीं मिलते तब मैं चाहता हूँ कि :
a. बुनियादी तौर पर पता लगाया जाये कि हमारे मतभेद का असली मतलब क्या है,
b. अनिश्चित,
c. व्यावहारिक हल निकाल आये जो दोनों पार्टियों को संतुष्ट कर सके।
170. पुराने जमाने की प्रच्छाद्यों की बुराई करने के पहले लोगों को काफी देर तक मोच विचार कर लेना चाहिये।
a. हाँ, b. अनिश्चित, c. नहीं।
171. किताबों के पढ़ने से मुझे उतने ही विचार और सूझ मिलती है जितनी कि उस विषय पर लोगों से बातचीत (चर्चा) करने से।
a. हाँ, b. दोनों के बीच का, c. नहीं।
172. कुछ लोग मेरी जिम्मेदारी निभाने की भावना को आलोचना करते हैं।
a. हाँ, b. अनिश्चित, c. नहीं।
173. मैं अपने को ऐसा समझता हूँ :
a. एक सावधान और व्यावहारिक आदमी,
b. दोनों के बीच का,
c. सपने देखने वाला।
174. कई मौकों पर मेरे संवेग और भावनाएँ मुझे उड़ा ले जाती हैं और मुझ पर पूरी तरह हावी हो जाती हैं।
a. सच है, b. अनिश्चित, c. गलत है।
175. कभी-कभी मुझे इतना गुस्सा आता है कि मैं चाहता हूँ कि दरवाजों को झकझोर डालूँ और यहाँ तक कि लिफ्टियों को तोड़ दूँ।
a. शायद ही कभी, b. कभी-कभी,
c. अक्सर कई बार।

176. मुझे इसमें ज्यादा आनन्द आयेगा, अगर मैं :

- a. बच्चों के खेल-कूद का इन्चार्ज बनूँ,
- b. अनिश्चित,
- c. किसी घड़ीसाज का सहायक बनूँ।

177. "न्याय" का संबंध "कानूनों" से वैसा ही है जैसा "विचार" का :

- a. शब्दों से, b. भावों से, c. सिद्धान्तों से है।

178. नीचे लिखे शब्दों में से कौन सा एक शब्द अन्य शब्दों से अलग है ?

- a. दूसरा, b. एकबार, c. अकेला।

179. जिन्दगी बिताने के लिये, मैं यह अधिक परंपरा रखूँगा कि :

- a. वैसी ही जिन्दगी बिताऊँ जैसी आजकल बिता रहा हूँ,
- b. अनिश्चित,
- c. इससे ज्यादा सुरक्षित और कम कठिनाइयों वाली प्रारम्भिक जिन्दगी बिताऊँ।

180. मैं तो इस बात में विश्वास रखता हूँ कि जिन्दगी में सब से जरूरी चीज यह है कि "जो मैं चाहूँ उस ही करूँ"।

- a. हाँ, b. अनिश्चित, c. नहीं।

181. मेरे बोलने की आवाज :

- a. काफी तेज, b. दोनों के बीच की, c. धीमी है।

182. मुझे तो जो मन में आया उसे तुरन्त ही कर देना पसन्द है, चाहे इससे आगे चलकर मुझे दिक्कतों का सामना क्यों न करना पड़े।

- a. हाँ, b. दोनों के बीच का, c. नहीं।

183. अगर लोग मुझे एक सुश-भिजाज और निष्पक्ष व्यक्ति कहें तो उनका कहना बिल्कुल ठीक होगा।

- a. हाँ, b. दोनों के बीच का, c. नहीं।

184. मुझे किसी भी तरह की अव्यवस्था (गड़बड़ी) बेहद नापसन्द है।

- a. सही, b. अनिश्चित, c. गलत।

185. उपहार की चीज को वापस करते या लेते वक्त, मैं हमेशा उसकी हालत को बहुत सावधानी से जाँच लेता हूँ।

- a. हाँ, b. दोनों के बीच का, c. नहीं।

186. सामाजिक-समूहों (groups) में, मुझे शर्म महसूस होने से बड़ी परेशानी होती है।

- a. कभी नहीं, b. कभी-कभी, c. अक्सर।

187. मुझे यकीन है कि मैंने बीच में कोई भी प्रश्न नहीं छोड़ा है और न ही किसी का ठीक-ठीक उत्तर देने में मैं असमर्थ रहा हूँ।

- a. हाँ, b. अनिश्चित, c. नहीं।

(परीक्षा का अन्त)

सामाजिक-आर्थिक स्तर परिसूची (शहरी) (Socio-economic Status Scale)

(Urban—Form A)

BY

S. P. Kulshrestha

Department of Education

D. A. V. College Dehradun

 कृपया इन्हें भरिये —

नाम..... आयु..... जन्म तिथि.....

कक्षा व वर्ग..... रोल नं०..... तारीख.....

विद्यालय.....

घर का पूरा पता.....

निर्देश

इस सूची का उद्देश्य तुम्हारे परिवार के सामाजिक-आर्थिक स्तर का निर्धारण करना है। अतः तुम अपने माता/पिता, भाई/बहिन के बारे में सही-सही सूचनाएँ भरो। विश्वास रखो, तुम्हारे द्वारा दी गयी सूचनाएँ गुप्त रखी जावेंगी और किसी को भी नहीं बताई जायेंगी। इस परिसूची में प्रत्येक प्रश्न के कई सम्भावित उत्तर दिये गये हैं—तुम इनमें से अपने परिवार के ऊपर लागू होने वाले उत्तरों को चुनो और उनके सामने बने गोलों में सही (✓) का निशान लगा दो।

National Psychological Corporation

Labh Chand Market, Raja Mandi, AGRA-2

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		संरक्षक	सबसे	सबसे
		पिता	बड़ा	बड़ी
		माता	छोटी	छोटी
१.	तुम्हारे पिता/संरक्षक/माँ/भाई/बहिन किस प्रकार के व्यवसाय में कार्य करते हैं ?			
(क)	ऐसे व्यवसाय जिनमें उच्च शिक्षा की उपाधि की आवश्यकता पड़ती है। जैसे—वकील, एडवोकेट, प्रोफेसर, डाक्टर व इंजीनियर आदि।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ख)	उच्च स्तरीय प्रशासनात्मक कार्यकर्ता या किसी बड़े व्यावसायिक संस्थान के मालिक/प्रबन्धक आदि।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ग)	ऐसे व्यवसाय जिनमें कम से कम स्नातक शिक्षा की आवश्यकता पड़ती है। जैसे हाईस्कूल या इण्टर कालेज के शिक्षक, मैडीकल रिप्रेजेंटेटिव आदि।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(घ)	मध्यम वर्गीय व्यावसायिक कार्यों के मालिक/प्रबन्धक या पार्टनर तथा सेना के कमीशनड आफीसर।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(य)	सामान्य व्यावसायिक या तकनीकी कार्य जैसे प्राइमरी या गवर्नरी स्कूल शिक्षक, दुकानदार या सचिव आदि।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(र)	कौशल युक्त व्यवसाय जैसे क्राफ्टमैन, खुहार, बढ़ई तथा विभिन्न प्रकार के कारीगर आदि।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ल)	सेवा व्यवसाय (Service worker) जैसे क्लर्क, टाइपिस्ट स्टेनो, पुलिस-मैन, फायरमैन तथा सेना में नॉन कमीशनड अफसर।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(व)	मध्यम श्रेणी के कौशल युक्त व्यवसाय। जैसे मशीन-आपरेटर आदि। (Semi-skilled Jobs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(स)	बहुत मामूली कार्य (Unskilled Jobs)। जैसे रोबक, चपरासी, मजदूर, कृषक आदि।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
२.	तुम्हारे परिवार के सदस्यों की सबसे अधिक शिक्षा कहां तक हुई है ?			
(क)	कालेज शिक्षा के बाद कोई उच्चस्तरीय उपाधि जैसे Ph. D. या D. Litt. आदि।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ख)	स्नातकोत्तरीय शिक्षा (M. A., M. Sc., M. Com., M. Sc. (Ag.) आदि।)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ग)	स्नातकीय शिक्षा (B. A., B. Sc., B. Com., B. Sc. (Ag.) आदि।)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(घ)	हायर सेकन्डरी/इण्टरमीडियेट	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(य)	हाईस्कूल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(र)	मिडिल स्कूल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ल)	प्राइमरी स्कूल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(व)	अनपढ़	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
३.	तुम्हारे परिवार के विभिन्न सदस्यों के पास कौन सी सबसे ऊंची व्यावसायिक उपाधियाँ हैं ?			
(क)	स्नातकोत्तरीय शिक्षा के बाद की व्यावसायिक उपाधि। (जैसे D. E. V. G. या D. M. S. P., D. P. R. आदि।)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ख)	स्नातक शिक्षा के बाद की व्यावसायिक उपाधि या डिप्लोमा। (जैसे B. Ed.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ग)	हायर सेकन्डरी/इण्टर के बाद का व्यावसायिक डिप्लोमा। (जैसे शिक्षक का डिप्लोमा, इंजीनियरिंग का डिप्लोमा आदि)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(घ)	हाईस्कूल की शिक्षा के बाद प्राप्त प्रशिक्षण उपाधि।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(य)	मिडिल स्कूल के बाद की प्रशिक्षण उपाधि।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(र)	सामान्य प्रशिक्षण उपाधि।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ल)	कोई भी प्रशिक्षण या व्यावसायिक उपाधि नहीं है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
४.	आपके परिवार की कुल मासिक आय कितनी है ?			
(क)	२००० से अधिक		<input type="checkbox"/>	
(ख)	१५०१ रुपये से २००० तक		<input type="checkbox"/>	
(ग)	१००१ रुपये से १५०० तक		<input type="checkbox"/>	
(घ)	५०१ रुपये से १००० तक		<input type="checkbox"/>	
(य)	२०१ रुपये से ५०० तक		<input type="checkbox"/>	
(र)	१०१ रुपये से २०० तक		<input type="checkbox"/>	

५. आपके परिवार पर कितना रुपया उधार है और कितना रुपया जमा है ?

रुपया

बैंक में जमा

पोस्ट आफिस
में जमा

उधार

एक दम जरूरत पड़ने पर
कितना धन इकट्ठा कर
सकते हैं।

(क) २००० से अधिक

☐
☐
☐
☐

(ख) १५०१ से २००० तक

☐
☐
☐
☐

(ग) १००१ से १५०० तक

☐
☐
☐
☐

(घ) ५०१ से १००० तक

☐
☐
☐
☐

(ग) २०१ से ५०० तक

☐
☐
☐
☐

(र) १०१ से २०० तक

☐
☐
☐
☐

(ल) ५० से १०० तक

☐
☐
☐
☐

(व) ५० से कम

☐
☐
☐
☐

(स) बिलकुल नहीं

☐
☐
☐
☐

६. आपका मकान—

(क) स्वयं का है।

(ख) स्वयं किराये पर हैं पर घर का मकान किराये पर उठा है।

(ग) अपने मकान का एक भाग किराये पर उठा रखा है।

(घ) अपना मकान नहीं है, किराये पर रहते हैं।

७. आपका मकान किस प्रकार का है ?

(क) कई मंजिल वाला या बड़ा बंगला।

(ख) छोटा बंगला

(ग) पक्का मकान

(घ) साधारण मकान

८. स्कूल में—

(क) तुम्हारी फीस माफ है।

(ख) तुम्हारे भाई-बहनों की फीस माफ है।

(ग) फीस माफ कराने की जरूरत नहीं है।

९. तुम तथा तुम्हारे भाई/बहिन किस प्रकार के स्कूल में पढ़ते हैं ?

(क) कन्वेंट स्कूल या अन्य अंग्रेजी माध्यम का स्कूल

(ख) राजकीय स्कूल

(ग) राजकीय सहायता प्राप्त स्कूल

(घ) प्राइवेट स्कूल

१०. तुम्हारे घर में कौन-कौन से नौकर कार्य करते हैं ?

(क) आफिस में कार्य करने वाले चपरासी

(ख) रसोइया

(ग) आया

(घ) माली

(र) बर्तन मांजने वाला

(ल) सामान्य घरेलू नौकर

(व) कोई नौकर नहीं है।

११. तुम्हारे पास कितने जोड़े—

दो से कम

३-५ तक

५ से अधिक

(क) कपड़े हैं—

☐
☐
☐

(ख) जूते हैं—

☐
☐
☐

१२. तुम्हारे घर में नीचे लिखी चीजों में से जो चीजें मौजूद हों उनके सामने दिये गये गोले में (✓) सही का निशान लगाइये।

(क) कार ☐, मोटर साइकिल या स्कूटर ☐, रिक्शा ☐, साइकिल ☐

(ख) टेलीविजन ☐, रिकार्डप्लेयर ☐, रेडियो/ट्रांजिस्टर ☐, ग्रामोफोन ☐

(ग) रेफ्रिजरेटर ☐, सेफ ☐, स्टील अलमारी ☐

(घ) सोफासेट ☐, डार्निंग टेबल ☐, डीनिंग टेबल ☐

- (ल) दीवार घड़ी ☐, मेजघड़ी ☐, हाथ घड़ी ☐,
 (व) वैक्यूम क्लीनर ☐, कॉफी परक्यूलर ☐, बिजली का आटोमैटिक प्रैस ☐, साधारण प्रैस ☐
 (स) बिजली का पंखा ☐, मिक्सर (mixer) ☐, ग्राइन्डर ☐, सिलाई की मशीन ☐
 (श) कैमरा ☐, टेलिस्कोप ☐, डिनर सैट ☐, टी सैट ☐, लेमन सैट ☐, पिकनिक सैट ☐,
 (ह) डाइनिंग रूम ☐, ड्राइंग रूम ☐, अध्ययन कक्ष ☐, शयन कक्ष ☐, स्नानगृह ☐, शौचालय ☐,

१३. तुम्हारे घर में किस प्रकार के समाचार पत्र/पत्रिका आती हैं ?

- (क) दैनिक ☐
 (ख) साप्ताहिक ☐
 (ग) मासिक ☐
 (घ) त्रैमासिक ☐
 (य) अर्धवार्षिक ☐
 (र) वार्षिक ☐
 (ल) कभी-कभी आती है ? ☐
 (व) कभी नहीं ☐

१४. तुम्हारे मोहल्ले या नगर में उत्सव होने पर तुम्हें या तुम्हारे परिवार के सदस्य को बुलाया जाता है ?

- (व) अक्सर बुलाया जाता है। ☐
 (ग) कभी-कभी बुलाया जाता है। ☐
 (र) कभी नहीं बुलाया जाता है। ☐

१५. तुम/तुम्हारे माता/पिता आदि किसके सदस्य/पदाधिकारी हैं ?

- (क) सामाजिक संस्थायें ☐
 (ख) व्यावसायिक संस्थायें ☐
 (ग) अन्य संस्थायें ☐
 (घ) किसी संस्था के नहीं ☐

१६. तुम जिस मोहल्ले में रहते हो उसमें अधिकतर—

- (क) बड़े-बड़े लोग रहते हैं। ☐
 (ख) मध्यम वर्गीय लोग रहते हैं। ☐
 (ग) क्लार्क या दुकान-सहायक जैसे लोग रहते हैं। ☐
 (घ) साधारण वर्ग के लोग रहते हैं। ☐
 (य) निम्न स्तरीय लोग रहते हैं। ☐

१७. तुम्हारे बारे में अधिकतर लोग क्या सोचते हैं कि तुम

- (क) अत्यधिक प्रतिष्ठित परिवार के हो। ☐
 (ख) कुछ अधिक प्रतिष्ठित परिवार के हो। ☐
 (ग) मध्यम वर्गीय परिवार के हो। ☐
 (घ) साधारण परिवार के हो। ☐
 (य) निम्न स्तरीय परिवार के हो। ☐

१८. क्या तुम्हारा परिवार जाति प्रथा में विश्वास रखता है ?

- (क) हाँ ☐ (ख) नहीं ☐ (ग) अनिश्चित ☐

१९. यदि तुम्हें घर से बहुत दूर पढ़ने या नौकरी करने जाना पड़े तो क्या तुम्हारे माता पिता तुम्हें भेजना पसन्द करेंगे ?

- (क) हाँ ☐ (ख) नहीं ☐ (ग) अनिश्चित ☐

२०. क्या तुम नयी चीजों को/नवीन विधियों को एक-दम स्वीकार कर सकते हो ?

- (क) हाँ ☐ (ख) नहीं ☐ (ग) अनिश्चित ☐

Total Score = [] Category []